

Version History Table			
Date:	Document:	Changes Made:	Impacted Pages:
12/2023	Continuous Eligibility (CE) Guide	Document created	All pages
8/2024	Continuous Eligibility (CE) Guide	<ul style="list-style-type: none"> - Added link to Continuous Eligibility Q&A. - Clarifications added to category changes and age change alerts for Childrens CE. - Clarifications added on when to move a deemed newborn and pregnant/postpartum individual to a new Program Case and what to set the Review Due date for. - Updates made regarding TPL sanctions and exceptions to CE for pregnant/postpartum individuals. 	2, 5, 6, 7, 8, 9, 12, 13, 14, 15, 16, 17, 18, 19, 20 & 23
2/2025	Continuous Eligibility (CE) Guide	<ul style="list-style-type: none"> - Added information about Flexible Budgeting in each CE section. - Updated situations when the system will automatically lock or save a CE individual and when workarounds are still required. - Updated Exceptions to CE section. 	All pages

Continuous Eligibility (CE) Guide

The Continuous Eligibility Guide was created to help workers understand who is eligible for continuous eligibility (CE) and to help ensure that CE individuals stay enrolled in the health coverage for which they are eligible and have consistent access to needed health care services.

Continuous eligibility provides continuous Medicaid coverage to certain eligible groups, including children, deemed newborns and individuals who are pregnant or in their postpartum period (see **477 NAC 3-008**). Continuously eligible individuals must not be closed during their CE period, regardless of case circumstance, unless the individual meets an exception ([Exceptions to CE](#) section of guide). See the [Continuous Eligibility Q&A](#) for further CE information.

Continuous Eligibility Overview

- **Children CE:** Children (infants through age 18) who are newly approved for Medicaid **or** determined eligible at their annual renewal will receive 12 months of CE. Prior to 1/1/2024, children who were newly approved received 6 months of CE and the CE period was not extended at renewal time. This is changing due to a federal Centers for Medicare and Medicaid (CMS) mandate. See [Policy Memo 23-18 Twelve \(12\) Months of Continuous Eligibility for Children](#) the [Childrens CE](#) section of this guide below.
- **Deemed Newborns:** (newborns born to a Medicaid active mother) will continue to be eligible for 12 full months of CE from the month they are born. Effective 1/1/2024, deemed newborns must be approved in the MAGI Infant category and must stay in this category through the 12 months of CE. See the [Deemed Newborns](#) section of this guide below.
- **Extended Postpartum Coverage:** Pregnant individuals will continue to be CE during the pregnancy. Effective 1/1/2024, pregnant Medicaid recipients will receive 12 months of CE from the month their pregnancy ended (postpartum coverage). Pregnant individuals must stay in the category they were approved in throughout the pregnancy and postpartum period. Prior to 1/1/2024, pregnant individuals received 60 days of postpartum coverage. This is changing due to a state legislative mandate. See [Policy Memo 23-17 Extended 12-Month Postpartum Coverage](#) and the [Pregnant CE and Postpartum Coverage](#) section of this guide below.
- **599 CHIP:** 599 CHIP unborns will be eligible for 12 full months of CE. Upon birth, 599 CHIP newborns must be reviewed for continued eligibility. If found to be eligible, the newborn will receive 12 months of CE from their birth month. If the 599 CHIP newborn is ineligible or the HH fails to provide requested verifications, the 599 CHIP newborn must receive the rest of their 12 months of CE from the month they were approved in 599 CHIP. Previously, 599 CHIP newborns received 6 months of CE from initial eligibility and a new 6 months of CE at birth, if they were found eligible. See the [599 CHIP Process Guide](#) for more information.

Effective 2/16/2025, NFOCUS flexible budgeting changes were implemented which affect how continuous eligibility cases are processed. See the [Flexible Budgeting Guide](#) and the different sections of this guide for further information.

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CHILDRENS CONTINUOUS ELIGIBILITY

When a child (infant through age 18) is newly approved for Medicaid in MAGI Child, CHIP or a Non-MAGI category, the child is eligible for twelve (12) full months continuous eligibility (CE) regardless of changes in circumstances, unless an exception is met. See [Exceptions to Continuous Eligibility](#) section of the guide.

Additionally, when a child’s eligibility is re-determined at their annual renewal and they remain eligible, they will begin a new twelve-month CE period.

Once a child’s eligibility has been established at initial application or annual renewal in a MAGI Child or Non-MAGI category, they will not be able to move to the CHIP or TMA categories, except at time of the next annual renewal.

- See the [Change Management for Children](#) section of this guide for more information on category changes for children.

See the [Continuous Eligibility Q&A](#) for further Childrens CE information.

This section does not apply to:

- Deemed newborns (newborns born to a Medicaid active mother). See the [Deemed Newborns](#) section of this guide for additional information and examples on deemed newborns.
- Newborns born on a 599 CHIP case. See the [599 CHIP Process Guide](#) for further information.

Applications for Children:

<p>Initial Application received for a child:</p>	<p>Determine initial eligibility for all individuals on the application, following the MLTC Processing Guide.</p> <ul style="list-style-type: none"> • If a child is determined eligible, <u>they will be continuously eligible for Medicaid for twelve (12) full months.</u> • <u>The child will remain Medicaid eligible until the time of their next renewal (their Expiry Date listed in NFOCUS).</u> <ul style="list-style-type: none"> ○ See the Change Management for Children section below for circumstances when a child may be able to move categories <u>during the CE period.</u> • <u>The Expiry Date for the child will be set by NFOCUS to the end of the CE period. This will be the next time the individual is up for renewal.</u> <ul style="list-style-type: none"> ○ <u>If the child is added to an existing case, they may have a different Expiry Date from other active HH members in the case.</u> <p>Example: An initial application was received on 1/15/2024 requesting Medicaid for the child in the HH, Xander. Xander was determined eligible in MAGI Child 6-18 beginning 1/1/2024. Xander will remain Medicaid eligible through the 12-month CE period (1/1/2024 through 12/31/2024). <u>The Expiry Date for the child was set for 12/31/2024.</u></p> <ul style="list-style-type: none"> • If a child’s Medicaid case is closed at their annual renewal or due to another eligible closure reason and an initial application is received for the child after 90 days of ineligibility and they are determined eligible, the child will begin a new twelve-month CE period.
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<p>Cont. - Initial Application received for a child:</p>	<p>Example: Two children on the case, Bernadette and Randall, were eligible in the CHIP category from 1/1/2023 through 12/31/2023. The CHIP cases were closed for 1/1/2024 as the renewal was not completed. An application for Medicaid was received on 6/12/2024 requesting Medicaid for Bernadette and Randall. This was a new initial application, due to being submitted after 90 days had passed from closure. The two children are determined eligible in CHIP and begin a new twelve-month CE period (6/1/2024 through 5/31/2025). <u>The Expiry Date for the children was set for 5/31/2025.</u></p> <ul style="list-style-type: none"> • If Retroactive Medicaid is requested on the application, retroactive months count in the continuous eligibility period only if there is no prospective (application month) eligibility. If there is prospective (application month) eligibility, the retroactive months do not count towards the 12-month CE timeframe. <p>Example #1: An initial application is received on 7/12/2024 requesting Medicaid and Retroactive Medicaid for the two children in the HH, George and Mary. The children are determined to be eligible <u>for all three retro months (04/2024, 05/2024 and 06/2024)</u> but determined ineligible for the application month forward due to income. Due to being found eligible in a retro month but not for prospective months, George and Mary are continuously eligible from the month of approval in the <u>first</u> retro month, or from 4/1/2024 through 3/31/2025. The <u>Expiry Date</u> for the children in this scenario is set for 3/31/2025 (12 months out from the approval in the <u>first</u> retroactive month).</p> <p>Example #2: An initial application is received on 10/15/2024 requesting Medicaid and Retroactive Medicaid for the child in the HH, Gabriel. Gabriel is determined to be eligible <u>for retro in 07/2024, ineligible for retro in 08/2024 and eligible for retro in 09/2024.</u> Gabriel is also determined eligible for the application month forward (prospective eligibility). Due to being found eligible for prospective months, the retro months do not count towards CE. <u>In this example, retro could be approved for 07/2024, denied for 08/2024 and approved for 09/2024</u> as Gabriel is continuously eligible from the application month, or from 10/1/2024 through 9/30/2025. The <u>Expiry Date</u> for the child in this scenario is set for 9/30/2025 (12 months out from the approval in the application month).</p> <p>Narrative Tip: If the child is approved, clearly narrate under the <i>Continuous Eligibility</i> subheading in NFOCUS. Include information about who was approved, when their 12-month CE period ends <u>and when their next renewal is due (the Expiry Date in NFOCUS)</u>. If the child is being added to an existing case, narrate if their <u>Expiry Date</u> is different than other HH members.</p>
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Change Management for Children:

When a change is reported for individuals active in Medicaid, worker must take action to identify and verify the change following the [MLTC Change Management Guide](#). However, outside of their renewal, children must not be closed during their CE period for any eligibility reasons or in cases where information is not provided, unless an exception is met (see the [Exceptions to Continuous Eligibility](#) section of this guide).

- The worker must process budgets and act on changes that would result in a category change or closure of Medicaid eligibility for anyone in the household who is not continuously eligible.
- **If ALL members of the HH are CE and the change cannot be verified electronically or via a phone call, a VR does NOT need to be sent. The change will be acted upon at the time of the next renewal at the end of the CE period. See the [Continuous Eligibility Q&A](#).**

Reminder: As of the February 16, 2025 NFOCUS Release, the system will automatically Lock CE children in the correct category if they will move to a category which is not allowed and automatically Save budgets for CE children which may fail. See the [Flexible Budgeting Guide](#) for further information.

Narrative Tip: Use the *Continuous Eligibility* subheading in NFOCUS when processing a child during their CE period. Include information about when CE ends and any actions taken or workarounds used.

Category Changes for Children:	<ul style="list-style-type: none"> • MAGI CHILD (1-5 & 6-18): <ul style="list-style-type: none"> ○ Children are allowed to move from MAGI Child 1-5 to MAGI Child 6-18 when there is an age change during their CE period. ○ Additionally, children are allowed to move from CHIP to their applicable MAGI Child age category during their CE period. ○ Children are not allowed to move from a MAGI Child age category to CHIP outside of their renewal period. <u>The system will automatically keep the individual eligible in MAGI Child if the budget would move to CHIP.</u> ○ Children are not allowed to move from a MAGI Child age category to the TMA category outside of their renewal period. <u>The system will NOT automatically keep the child in MAGI Child if the budget would move to TMA.</u> <ul style="list-style-type: none"> ▪ See NFOCUS Workarounds for Continuous Eligibility & 12 Month Postpartum for workaround steps for the TMA category. • CHIP: <ul style="list-style-type: none"> ○ Children are allowed to move from CHIP to their applicable MAGI Child age category during the CE period. <ul style="list-style-type: none"> ▪ <i>Exception:</i> If an individual who is in the CHIP category is also pregnant, they are not allowed to move out of the CHIP category. They must stay in CHIP during their pregnancy and through the 12-month postpartum period. See the Pregnant and Postpartum section of this guide for further information. ○ Children are not allowed to move from a MAGI Child category to the CHIP category outside of their renewal period. <u>The system will automatically keep the individual eligible in MAGI Child if the budget would move to CHIP.</u> ○ Children are not allowed to move from CHIP to the TMA category outside of their renewal period. <u>The system will NOT automatically keep the child in CHIP if the budget would move to TMA.</u> <ul style="list-style-type: none"> ▪ See NFOCUS Workarounds for Continuous Eligibility & 12 Month Postpartum for workaround steps for the TMA category. • TMA: <ul style="list-style-type: none"> ○ During the CE period, children who remain income eligible in a MAGI Child or CHIP category are not allowed to move into a TMA budget with their parents or other HH members.
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Cont. - Category Changes for Children:

- A child can only be moved to TMA at the time of their renewal, depending on case circumstance, and only if they do not remain income eligible at the renewal for MAGI Child or CHIP.
- The system will **NOT** automatically keep the child in MAGI Child or CHIP if the HH budget would move to TMA:
 - A child must be manually reconfigured by the worker to MAGI to test and check for MAGI eligibility. If the individual fails for MAGI Child or CHIP eligibility, NFOCUS will automatically put the individual into TMA.
 - See [NFOCUS Workarounds for Continuous Eligibility & 12 Month Postpartum](#) for workaround steps for the TMA category.
- During the CE period, children are **allowed** to move from TMA to their applicable MAGI Child age category **OR** to the CHIP category.
 - When a child moves from TMA to either MAGI Child or CHIP, their CE period must align with their last renewal/application.
 - If a child is already in TMA (e.g., was previously moved to TMA during the CE period or at the last renewal) and a change is being worked on the case, the worker must determine if the child is eligible in a MAGI Child or CHIP category.
 - A child must be manually reconfigured by the worker to MAGI to test and check for MAGI eligibility. If the individual fails for MAGI or CHIP eligibility, NFOCUS will automatically put the individual into TMA.
 - See [NFOCUS Workarounds for Continuous Eligibility & 12 Month Postpartum](#) for workaround steps for the TMA category.
 - If a child is only eligible for TMA (over income for MAGI Child and CHIP) at initial or renewal, they are not considered CE. The child could be closed outside of the renewal period and may be subject to a TMA premium beginning in month 7.
- **NON-MAGI:**
 - If a child is in a MAGI Child or CHIP category and they become Current Pay SSI during their CE period, the worker **must** move the child to Non-MAGI.
 - If a child is already in a Non-MAGI category (including if they are CP SSI) they are **allowed** to move to a MAGI Child age category during their CE period, depending on case circumstances (e.g. CP SSI child loses CP status). They would remain CE until their next renewal.
 - Children are **not allowed** to move from Non-MAGI to CHIP. If the budget would move to CHIP, the system will automatically keep the child in the Non-MAGI category.
 - MAGI criteria, including Tax HH and income, must be attempted to be verified electronically or via call outs.
 - If information cannot be verified electronically or via call outs, the worker does not need to send a VR for additional information. Leave the child in their original Non-MAGI category.

Cont. - Category Changes for Children:	<ul style="list-style-type: none"> • If information is able to be verified electronically or via call outs, <u>reconfigure the child to MAGI</u> and determine their eligibility for MAGI <u>Child</u>. <ul style="list-style-type: none"> ○ If the child is eligible, process and approve MAGI <u>Child</u>. ○ If the child is not eligible for MAGI <u>Child</u>, <u>the system will automatically keep</u> them CE in Non-MAGI. ○ See NFOCUS Workarounds for Continuous Eligibility & 12 Month Postpartum for further information on Non-MAGI category workarounds.
Age Change alerts:	<ul style="list-style-type: none"> • 6-Year-Old - If a child is active and an alert is received or it is identified that the child is turning 6 years old, the worker must update the budget and move the child to the MAGI Child 6-18 category, if eligible. <ul style="list-style-type: none"> ○ If the child is in a MAGI Child 1-5 category, a change to the MAGI Child 6-18 category is allowed for children during their CE period. ○ If the child is in a CHIP category when turning 6 years old, a change to the MAGI Child 6-18 category is allowed. <ul style="list-style-type: none"> ▪ If the child is not eligible in the MAGI Child 6-18 category, <u>NFOCUS will automatically keep them CE</u> in the CHIP category. ○ A child is not allowed to move from a MAGI Child category to the CHIP category outside of their annual renewal. <ul style="list-style-type: none"> ▪ <u>If the child would move to CHIP, NFOCUS will automatically keep them CE and move them to the MAGI Child 6-18 category.</u> • 19-Year-Old - If a child is active and an alert is received or it is identified that the child is turning 19 years old, continuous eligibility no longer applies (see 477 NAC 03-008.04 and the Exceptions for Continuous Eligibility section of this guide), except if the individual is pregnant or is currently hospitalized. <ul style="list-style-type: none"> ○ If the individual is pregnant or in their postpartum period, review the Pregnant CE & Postpartum Coverage section of this guide. ○ If the individual is not pregnant or in their postpartum period, the worker must determine if the individual is eligible in another category (e.g., MAGI Expansion, P/C or a Non-MAGI category). <ul style="list-style-type: none"> ▪ If eligible, process them into their applicable category. ▪ If ineligible, action may be taken by the worker to close the individual, allowing for timely notice. <ul style="list-style-type: none"> • If the individual was hospitalized when aging out and is not eligible in another category, review CE For Hospitalized Children <p>Example: Charlie is currently active in CHIP Medicaid. Charlie was renewed in 3/2023 and determined eligible, meaning they are in a new twelve-month CE period (3/1/2023 through 2/28/2024). An age change alert is received on 8/5/2023 that Charlie is now turning 19 years old. Medicaid is re-determined, and Charlie is now over income for MAGI Expansion and all other Medicaid categories. Charlie is not pregnant/postpartum or hospitalized. As they no longer meet the qualifications for the CE period and are not eligible in another category, the case is processed, and Charlie is closed beginning 9/1/2023.</p>

Ineligible or Failure to Provide Information:	<ul style="list-style-type: none"> • If the verified change would result in the child being determined ineligible for Medicaid (e.g., Over Income), the CE child must not be closed. <ul style="list-style-type: none"> ○ Budgets must be run to reflect the change. The <u>system will keep the child continuously eligible in their current Medicaid category.</u> • If the individual or other financially responsible HH members fail to provide information requested on a change, the CE child must not be closed. <ul style="list-style-type: none"> ○ The child would remain active in their current Medicaid category (e.g., MAGI Child or CHIP). ○ If the CE child is in the same Program Case with other, non-CE individuals who must be closed, it is vital that the worker use Participant Actions in Expert to close individuals. Do not use Case Actions, as this will also close the CE child. <ul style="list-style-type: none"> ▪ The Program Case must remain in the FR parent's name. Ensure that the Program Case is not in the child's name. <p><i>Example:</i> Sam is currently active in Childrens Medicaid along with his parents Don and Jerry who claim Sam as a dependent. The entire HH's renewal was due 5/31/2023 and they were determined eligible. Sam received a new twelve months of continuous eligibility. A NHM alert is received for Sam on 7/15/2023 and information is unable to be verified so a VR is sent. The VR information is not provided by the VR Due date. Action is taken by the worker to close Don and Jerry using Participant Actions, as this information affects their Medicaid. However, as Sam is currently CE, Sam's Medicaid cannot be closed. The worker does not take action to close Sam. A notice is sent to both Don and Jerry for closure. The worker narrates information on the case and clears any Alerts/WTs. The VR is left open as this will need to be addressed at the annual renewal time at the end of Sam's CE period.</p>
Third Party Liability (TPL)	<ul style="list-style-type: none"> • If the child is in the CHIP category and the change reported is TPL starting, the child must stay active in the CHIP category, unless they are eligible for a MAGI Child category, until the time of their annual renewal at the end of the CE period. <ul style="list-style-type: none"> ○ <u>Run the budget. On the TPL popup screen, indicate the child is "Insured". NFOCUS will keep the child CE in the CHIP budget until time of renewal.</u>

Renewals for Children:

If a child or deemed newborn is determined eligible at the end of their CE period during their annual renewal, they receive a new twelve-month CE period. A child or deemed newborn may also move to the CHIP and TMA categories or be closed, depending on case circumstances at time of renewal.

As of the February 16, 2025 NFOCUS Release, the child's renewal period/CE end date will be tracked by the Expiry Date field in NFOCUS. See the [Flexible Budgeting Guide](#) for further information.

- **When processing the renewal, the worker must process for the month after the Expiry Date month, even if not prompted by NFOCUS. This may require the worker to manually choose the month after the Expiry Date.**
 - This is in order to give the individual their full CE period and ensure any actions such as changes in categories or case closure are taken for the individual's new eligibility period.

Narrative Tip: Use the *Continuous Eligibility* subheading in NFOCUS when processing renewals for CE children. Include information about actions taken, the outcome of the renewal and, if they remain eligible, include information about when the new 12-month CE period ends (the new Expiry Date).

<p>Renewals for CE Children:</p>	<p>Process the renewal for the child following the MAGI Renewal Process Guide.</p> <ul style="list-style-type: none"> • Be sure to review narratives and any open VRs for information that may have been previously requested from the CE individual(s) and not provided. This information should be clarified during the renewal. If information is still needed, close the previous VR, and send a new VR. • Review for any other continuously eligible individuals on the case (Tip: Review <u>each individual's Expiry Dates</u> and the <i>Continuous Eligibility</i> narrative subheading, if available, for help in determining an individual's CE period): <ul style="list-style-type: none"> ○ Pregnant individuals or individuals in their postpartum period must not be <u>closed and are</u> only be renewed at the end of their 12-month postpartum period. ○ Children on the case may have different 12-month CE periods <u>and different Expiry Dates</u> depending on when they were added to the case (e.g., Add a Person application or deemed newborn added). A child or deemed newborn must be given their full 12 months of CE. ○ When processing the renewal <u>for the individual whose Expiry Date is due</u>: <ul style="list-style-type: none"> ▪ If any children who are still within a different CE period would be ineligible (e.g., over income), <u>the system will keep them as CE in their current category</u>. ▪ If the individual or financially responsible HH members fail to provide information, the worker must not close the child <u>who is still within a different CE period</u>. ▪ The worker must <u>run the budget and authorize the failed budget or</u> close Medicaid for any non-CE HH members or any CE members of the Program Case who are at the end of their 12-month CE period, allowing for timely notice. • If the child changes categories (e.g., from MAGI Child to CHIP or TMA) the change can be made at the annual renewal time. <ul style="list-style-type: none"> ○ If the child is being placed into the TMA category at renewal time, the worker must ensure that the child is not otherwise eligible for MAGI Child or CHIP. If so, they must be approved in the appropriate MAGI Child or CHIP category instead of TMA. <ul style="list-style-type: none"> ▪ <u>A child must be manually reconfigured by the worker to MAGI to test and check for MAGI eligibility. If the individual fails for MAGI or CHIP eligibility, NFOCUS will automatically put the individual into TMA.</u> ▪ See NFOCUS Workarounds for Continuous Eligibility & 12 Month Postpartum for <u>workaround steps for the TMA category</u>. <p>Example: The child on the case, Saige, was determined eligible for MAGI Child 1-5 beginning 3/1/2023 (CE period from 3/1/2023 through 2/29/2024). Saige's Medicaid case is being renewed in 03/2024 and due to income, Saige is now determined eligible in the CHIP category. Saige is approved in CHIP and begins a</p>
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Cont. - Renewals for CE Children:	<p>new twelve-month continuous eligibility period (3/1/2024 through 2/28/2025). The <u>Expiry Date</u> for Saige would be updated to 2/28/2025.</p> <ul style="list-style-type: none"> If the child is determined to be ineligible (e.g., over income) or the child or financially responsible HH member fails to provide information to process the renewal, action can be taken by the worker to close the child at the annual renewal time, allowing for timely notice. <p>Example: The child on the case, Darren, is eligible for MAGI Child 6-18 beginning 6/1/2023 (CE period from 6/1/2023 through 5/31/2024). Darren's Medicaid case is being renewed on 6/5/2024 and it is determined that Darren is now over income for all Medicaid categories, including CHIP. As it is the annual renewal time, Darren's Medicaid case can be closed. Action is taken by the worker to <u>run the budget and authorize the failed budget which closes</u> the case beginning 7/1/2024. A notice is sent.</p>
<u>Expiry Dates on cases with CE Children:</u>	<ul style="list-style-type: none"> After processing the renewal <u>and the child is found to remain eligible, the system will automatically</u> update the next <u>Expiry Date</u> on the CE child to be 12 months from the previous <u>Expiry Date</u>. This is the <u>end of the</u> child's new CE period <u>and when their next renewal will be due</u>. <p>Example: Xavier was due for renewal on 12/31/2024. Xavier was determined eligible in the MAGI Child 6-18 category at the renewal and begins a new 12-month CE period from 1/1/2025 through 12/31/2025. Xavier's next <u>Expiry Date</u> is updated to 12/31/2025 <u>and a renewal notice is sent</u>.</p>
Overdue Renewals:	<ul style="list-style-type: none"> <u>If a renewal is overdue and being processed, the individual being renewed may not have a Budget Purpose of Renewal. This means that the system will not recognize the budget as a renewal and will not automatically update the Expiry Date and send a renewal notice.</u> <ul style="list-style-type: none"> <u>For overdue renewals, staff must go back to the month after the Expiry Date month and process the individual's renewal. This will allow the system to recognize the budget as a Renewal and automatically update the Expiry Date and send a renewal notice.</u> <u>Due to the need for adequate and timely notice, if there is a change in benefits or the individual is now ineligible, the come-up month is the first month adverse action can be taken by the worker.</u> If a renewal is overdue and processed and the child is found to remain eligible, the child's new 12-month CE period would be <u>12 months</u> from the <u>previous Expiry Date</u> and the existing month the renewal was due. <p>Example: A renewal is due for a child on the case in 8/31/2024, however, the Desk Review WT was cleared by a previous worker and not acted upon. In 10/2024 the worker receives an overdue renewal alert and can process the desk renewal. <u>The worker must go back and process the case from 09/2024 forward. The child remains eligible and would begin a new 12-month CE period through the next renewal due date. The Expiry Date is updated to 8/31/2025 even though the renewal was processed in 10/2024.</u></p>

DEEMED NEWBORN CONTINUOUS ELIGIBILITY

A deemed newborn is a child born to a mother who was eligible for and received Medicaid or CHIP covered services on the date of the child's birth. Children who meet the eligibility requirements for the deemed newborn group are deemed to have applied for medical assistance and to have been found eligible. See the [Continuous Eligibility Q&A](#) for further deemed newborn CE information.

Deemed newborns are eligible for continuous eligibility (CE) for 12 full months until the child turns one year of age, regardless of changes in circumstances, unless an exception is met (see the [Exceptions to Continuous Eligibility](#) section of this guide). Deemed newborns must be approved in the MAGI Infant category and must stay in the MAGI Infant category through their CE period.

Prior to February 16, 2025 a deemed newborn was opened in a separate Program Case with the postpartum individual so the continuous postpartum period and the deemed newborns 12-month CE period would match. **Effective with the February 16, 2025 NFOCUS Release, placing pregnant/postpartum and/or deemed newborn in a separate program case is no longer required.**

If a deemed newborn is born on the 1st of the month, they are eligible through the end of the month prior to their birth month. If a deemed newborn is born on any other day than the 1st of the month, they are eligible through the end of the month of their first birthday.

- **Example #1:** A child is born on 8/16/2023 to a mother who is active Medicaid in the HHA/MAGI Expansion category.
Day 1 = 8/16/2023
First Full Month of CE Begins: 9/1/2023
Deemed Newborn CE ends through the month of first birthday = 8/30/2024
 - The deemed newborn is opened in the mother's Program Case and allowed 12 full months of CE. They would remain in the MAGI Infant category through the duration of the CE period. The newborn must be reviewed, and eligibility re-determined under the appropriate Medicaid category at the end of the CE period.
- **Example #2:** A child is born on 6/1/2024 to a mother who is active Medicaid in the Pregnant Woman (PW) category.
Day 1 = 6/1/2024
First Full Month of CE Begins: 6/1/2024
Deemed Newborn CE ends the month prior to month of first birthday = 5/31/2025
 - If the newborn is born on the 1st of the month, eligibility for CE coverage ends 12 months from the last day of the month prior to the date of birth. The deemed newborn is opened in the mother's Program Case and allowed 12 full months of CE. They would remain in the MAGI Infant category through the duration of the CE period. The newborn must be reviewed, and eligibility re-determined under the appropriate Medicaid category at the end of the CE period.

This section does not apply to:

- Children (infants through age 18) who are newly approved and not born to a Medicaid active mother. See the [Childrens CE](#) section of this guide for further information.
- Newborns born on a 599 CHIP case, as 599 CHIP coverage is for the unborn only and the mother is not active Medicaid. See the [599 CHIP Process Guide](#) for further information.

Change Management for Deemed Newborns:

When a change is reported on a case with a deemed newborn active in Medicaid, the worker must take action to identify and verify the change following the [MLTC Change Management Guide](#). However, outside of their renewal, deemed newborns must not have their category changed from MAGI Infant or be closed during their CE period for any eligibility reasons or in cases where information is not provided, unless an exception is met. See the [Exceptions to Continuous Eligibility](#) section of this guide.

- The worker must process budgets and act on changes that would result in a category change or closure of Medicaid eligibility for anyone in the household who is not continuously eligible.
- **If ALL members of the HH are CE and the change cannot be verified electronically or via a phone call, a VR does NOT need to be sent. The change will be acted upon at the time of the renewal at the end of the CE period. See the [Continuous Eligibility Q&A](#).**

Reminder: As of the February 16, 2025 NFOCUS Release, the system will automatically Lock deemed newborns in the MAGI Infant category if they will move to another category and automatically Save budgets for deemed newborns which may fail. See the [Flexible Budgeting Guide](#) for further information.

Narrative Tip: Use the *Continuous Eligibility* subheading in NFOCUS when processing a deemed newborn during their CE period. Include information about who was approved, when the CE period ends and when their next renewal is due (their Expiry Date in NFOCUS). Also narrate any actions taken or workarounds used.

Birth of Newborn to Medicaid Active Mother Reported:	<p>Update the unborn and run updated budgets. Follow the MLTC Change Management Guide (<i>Changing Unborn to Newborn</i> section) for further information.</p> <ul style="list-style-type: none"> • <u>The deemed newborn will be continuously eligible for Medicaid for twelve (12) full months.</u> • The deemed newborn must be approved in the MAGI Infant category and must stay in this category through their continuous eligibility period. • The <u>Expiry Date</u> for the deemed newborn <u>will be automatically set by NFOCUS to the end of the CE period.</u> <ul style="list-style-type: none"> ○ <u>If the deemed newborn is added to an existing case, they may have a different Expiry Date from other active HH members in the case.</u> <p>Example: Jackson was born on 8/18/2024 to a Medicaid active mother, Harriet. There are other active children in the case. The worker must add Jackson to the case for August 2024 (birth month). The <u>Expiry Date</u> for Jackson (deemed newborn) and Harriet (postpartum) is set for the end of the CE period – 8/31/2025.</p>
Category Changes:	<ul style="list-style-type: none"> • A deemed newborn must be approved in and must stay in the MAGI Infant category through their CE period. • If any verified changes would move the deemed newborn to another category during their CE period (e.g., CHIP), this is not allowed. <ul style="list-style-type: none"> ○ Budgets must be run to reflect the change. <u>NFOCUS will automatically keep the child CE in the MAGI Infant category.</u>

Ineligible or Failure to Provide Information:	<ul style="list-style-type: none"> • If any verified changes would result in the deemed newborn being determined ineligible for Medicaid (e.g., Over Income), the deemed newborn must not be closed. The deemed newborn would remain active in the MAGI Infant category through their CE period. <ul style="list-style-type: none"> ○ Budgets must be run to reflect the change. <u>NFOCUS will automatically keep the child CE in the MAGI Infant category.</u> • If the individual or other financially responsible HH members fail to provide information requested on a change, the CE deemed newborn and postpartum individual must not be closed. <ul style="list-style-type: none"> ○ The deemed newborn would remain active in the MAGI Infant category through their CE period. ○ If the deemed newborn and postpartum individual are in the same Program Case with other, non-CE individuals who must be closed, <u>it is vital that the worker use Participant Actions in Expert to close individuals. Do not use Case Actions, as that will also close the deemed newborn and postpartum individual.</u>
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Renewals for Deemed Newborns:

At the end of the deemed newborn's CE period, the child must be reviewed and eligibility determined under the appropriate category (e.g., MAGI Child 1-5 or CHIP). See the [Childrens CE > Renewals for Children](#) section of this guide for further information on processing the renewal and for information on the process for overdue renewals.

As of the February 16, 2025 NFOCUS Release, the deemed newborn's renewal period/CE end date will be tracked by the Expiry Date field in NFOCUS. See the [Flexible Budgeting Guide](#) for further information.

- **When processing the renewal, the worker must process for the month after the Expiry Date month, even if not prompted by NFOCUS. This may require the worker to manually choose the month after the Expiry Date.** This is in order to give the individual their full CE period and ensure any actions such as changes in categories or case closure are taken for the individual's new eligibility period.

If the deemed newborn and postpartum mother are in a separate Program Case from other HH members in the case, the worker **MUST** move the deemed newborn and postpartum individual back into the Program Case with the other HH members at the time of the renewal. **This step is required.**

If found eligible at time of renewal, the child would receive 12 months of CE until the time of their next annual renewal and move to being covered under Childrens continuous eligibility policies.

- See the [Children CE](#) section of this guide for further information.

PREGNANT CONTINUOUS ELIGIBILITY AND POSTPARTUM COVERAGE

When a pregnant individual is approved for Medicaid, they are continuously eligible throughout the pregnancy regardless of the category approved in (e.g., PW, P/C, MAGI Expansion or AABD) and regardless of any changes in circumstance, unless an exception is met (see the [Exceptions to Continuous Eligibility](#) section of this guide for further information).

Once a pregnant individual is approved for Medicaid, they **must** stay in the Medicaid category they were initially approved in through their 12-month continuous postpartum period. See the [Change Management for Pregnant or Postpartum Individuals](#) section of this guide for more information.

Medicaid also provides twelve (12) full months of continuous eligibility postpartum coverage for Medicaid-eligible pregnant individuals following the end of their pregnancy, regardless of the Medicaid category. Day one of the postpartum period begins on the last day of the individual's pregnancy (e.g., date of child's birth or date of the end of the pregnancy). The postpartum period ends on the last day of the month in which the twelve-month timeframe ends. For additional information about pregnant CE and postpartum coverage, see the [Continuous Eligibility Q&A](#).

- **Example #1:** A pregnant individual is Medicaid eligible under the Pregnant Woman (PW) category and the pregnancy ends on 8/16/2023.
Day 1 = 8/16/2023
First Full Month of CE Begins: 9/1/2023
Postpartum Period ends = 8/30/2024
 - The individual remains continuously eligible for 12 full months of postpartum coverage and would remain in the PW Medicaid category through the duration of the postpartum period. The renewal will be completed for the individual, and eligibility re-determined under the appropriate Medicaid category at the end of the postpartum period.
- **Example #2:** A pregnant individual is Medicaid eligible under the MAGI Expansion category and the pregnancy ends 6/1/2024.
Day 1 = 6/1/2024
First Full Month of CE Begins: 6/1/2024
Postpartum Period ends = 5/31/2025
 - If the individual's pregnancy ends on the 1st of the month, eligibility for extended postpartum coverage ends 12 months from the last day of the month prior to pregnancy ending. The individual remains continuously eligible for 12 full months of postpartum coverage and would remain in the MAGI Expansion Medicaid category through the duration of the postpartum period. The renewal will be completed for the individual, and eligibility re-determined under the appropriate Medicaid category at the end of the postpartum period.

NOTE: Pregnant CE and Postpartum coverage is also provided to lawfully present pregnant women. Lawfully present pregnant women must remain eligible through their 12-month postpartum period. However, if an individual's immigration status has expired and they have not applied for an extension or adjustment, the individual is no longer continuously eligible and, if pregnant, must be reviewed for eligibility in the 599 CHIP category. See the [599 CHIP Process Guide](#) for further information.

Application or Report of Pregnancy:

<p>Application Received Reporting an Individual is Pregnant:</p>	<p>Determine initial eligibility for all individuals on the application, following the MLTC Processing Guide.</p> <ul style="list-style-type: none"> • If found eligible, the pregnant individual will remain <u>continuously eligible for Medicaid throughout the pregnancy and 12-month postpartum period</u>. • <u>The pregnant individual must remain</u> in the Medicaid category they were initially determined eligible in and must remain in this category through the end of the 12-month postpartum period, unless an exception is met. This would apply to any full Medicaid category. • <u>The Expiry Date for the pregnant individual is set by the system for the end of the 12-month postpartum period. This is based on the expected due date (EDD) provided.</u> <ul style="list-style-type: none"> ○ <u>If the pregnant individual is added to an existing case, they will have a different Expiry Date from other active HH members in the case.</u> <p>Example #1: Application received on 1/15/2024 for Susan and she reports she is expecting <u>10/11/2024</u>. Susan is determined eligible in a PW category. Susan will remain in the PW category through 12 months postpartum regardless of any changes reported in household composition, income, etc. <u>The Expiry Date for Susan is set for the end of the 12-month postpartum period - 10/31/2025.</u></p> <p>Example #2: Add a person application is received on 1/15/2024 for Margaret, who is pregnant. <u>The expected due date (EDD) is 8/21/2024.</u> The case has two Medicaid active children, John and Fred, and Margaret is financially responsible for both. The existing <u>Expiry Date for John and Fred is 6/30/2024.</u> Margaret is approved effective <u>1/1/2024</u> in the PC category. The <u>Expiry Date for Margaret is set for 8/31/2025 (12 months from the EDD).</u> Margaret will stay in the MAGI PC category and not have Medicaid eligibility renewed during the pregnancy. John and Fred will remain CE and their Medicaid will be renewed on 6/30/2024.</p> <p>Narrative Tip: If the pregnant individual is approved, clearly narrate under the <i>Continuous Eligibility</i> subheading in NFOCUS. Include information about who was approved, the category they were approved in (as they will be unable to move out of this category) and when the CE period ends, <u>including what the Expiry Date was set to.</u></p>
<p>Individual Active in Medicaid Reporting a Pregnancy:</p>	<p>Add the unborn to the individual's Program Case and run the budget. See the MLTC Change Management Guide (<i>Add Pregnancy</i> section) for further information.</p> <ul style="list-style-type: none"> • <u>The pregnant individual will be continuously eligible for Medicaid throughout the pregnancy and 12-month postpartum period.</u> • The pregnant individual must be approved in the category they are in when reporting the pregnancy and they would remain in this category throughout the pregnancy and 12-month postpartum period, unless an exception is met. This would apply to any full Medicaid category. <ul style="list-style-type: none"> ○ This includes if the pregnant individual is active in a MAGI Child 6-18 category or Non-MAGI categories, including TMA. ○ <u>Effective with the February 16, 2025 release, NFOCUS will automatically keep the pregnant individual in the previous category when adding the pregnancy.</u>

Cont. - Individual Active in Medicaid Reporting a Pregnancy:

- The Expiry Date for the pregnant individual is set by the system for the end of the 12-month postpartum period. This is based on the expected due date (EDD) provided.
 - If the pregnant individual is in an existing case, they will have a different Expiry Date from other active HH members.

Example #1: Dottie is active in the MAGI Expansion category and reports a pregnancy. The expected due date (EDD) of the pregnancy is 9/15/2024. Dottie is the only active member of the HH and the existing Review Due date on the case is 6/31/2024. The worker must add the unborn and run the budget. Dottie must be approved in the MAGI Expansion category and would remain in this category throughout the pregnancy and 12-month postpartum period. Dottie's Expiry Date is set to 9/30/2025 (12 months from the EDD) and her case renewal date will also update to 9/30/2025.

Example #2: Rubina, who is 18 years old and in the MAGI Child 6-18 category, reports a pregnancy. The expected due date (EDD) of the pregnancy is 10/8/2024. Rubina is the only active member of the HH and the existing Review Due date on the case is 11/30/2024. The worker must add the unborn and run the budget. Rubina must be approved in the MAGI Child 6-18 category and would remain in this category throughout the pregnancy and 12-month postpartum period. Rubina's Expiry Date is set to 10/31/2025 (12 months from the EDD). When the age change alert for Rubina turning 19 years old is received, clear the alert and update the budget. The system will keep Rubina eligible in the MAGI Child 6-18 category.

Example #3: Katheryn is active in the MAGI PC category and reports a pregnancy on 4/23/2025. The expected due date (EDD) of the pregnancy is 8/15/2025. There are two other children, Bryce and Dani, active on the case in MAGI Child 6-18 and Katheryn is FR for both. The existing Expiry Date for Bryce and Dani is 7/31/2025. Add the unborn and re-run budgets in the same Program Case. Katheryn will be approved and stay in the MAGI PC category. The Expiry Date for Katheryn will be set for 8/31/2026 (12 months from the EDD). The Expiry Date for Bryce and Dani will remain 7/31/2025.

Narrative Tip: Clearly narrate under the *Continuous Eligibility* subheading in NFOCUS. Include information about who the pregnancy was reported for, the category they were approved in (as they will be unable to move out of this category) and when the CE period ends, including what their Expiry Date was set to.

Change Management for Pregnant or Postpartum Individuals:

When a change is reported for individuals active in Medicaid, the worker must take action to identify and verify the change following the [MLTC Change Management Guide](#). However, individuals who are pregnant or within their 12 month postpartum period must not be closed for any eligibility reasons or in cases where information is not provided, unless an exception is met (see the [Exceptions to Continuous Eligibility](#) section of this guide).

- The worker must process budgets and act on changes that would result in a category change or closure of Medicaid eligibility for anyone in the household who is not continuously eligible.
- **If ALL members of the HH are CE and the change cannot be verified electronically or via a phone call, a VR does NOT need to be sent. The change will be acted upon at the time of the renewal at the end of the CE period. See the [Continuous Eligibility Q&A](#).**

Reminder: As of the February 16, 2025 NFOCUS Release, the system will automatically Lock pregnant or postpartum individuals in the category they should be if they will move to another category and automatically Save budgets which may fail. See the [Flexible Budgeting Guide](#) for further information.

Narrative Tip: Use the *Continuous Eligibility* subheading in NFOCUS when processing a case with a pregnant or postpartum individual. Include information about when CE ends and any actions taken or workarounds used.

Age and Category Changes:	<ul style="list-style-type: none"> • Pregnant individuals or individuals in their postpartum period must stay active in the category they were approved in when the application was submitted, or the pregnancy was reported. They must stay active in this category throughout the pregnancy and 12-month postpartum period. <ul style="list-style-type: none"> ○ MAGI Child 6-18 – If the individual is in this category and reports a pregnancy or a change is reported on the case, they must stay in the MAGI Child category throughout the pregnancy and postpartum period. This includes if an age change alert is received or the individual ages out (turns 19). ○ CHIP - If the individual is in this category and reports a pregnancy or a change is reported on the case, they must stay in the CHIP category throughout the pregnancy and postpartum period, even if they later become eligible for a MAGI Child age category. ○ Pregnant Woman (PW) – If the individual is in this category, they must stay in the PW category throughout the pregnancy and postpartum period. They would stay in the PW category even after the infant is born and even though they may now qualify for Parent/Caretaker. ○ MAGI Expansion – If the individual is in this category, they must stay in the MAGI Expansion category throughout the pregnancy and postpartum period. They would stay in the MAGI Expansion category even after the infant is born and even though they may now qualify for Parent/Caretaker. ○ Parent/Caretaker – If the individual is in this category, they must stay in the P/C category throughout the pregnancy and postpartum period. ○ TMA - If CE individual is in the TMA category and reports a pregnancy or a change is reported on the case, they must stay in TMA throughout the pregnancy and postpartum period, even past the 12-month timeframe of TMA. <ul style="list-style-type: none"> ▪ Premiums are waived for pregnant/postpartum individuals in the TMA category. If a premium gets assessed, the worker must waive the premium for the pregnant/postpartum individual. See the Premium Override Guide for further information. ○ Non-MAGI – If the individual is in a Non-MAGI category, they must stay in the Non-MAGI category throughout the pregnancy and postpartum period.
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Cont. - Age and Category Changes:	<ul style="list-style-type: none"> ▪ If the individual is in a MAGI category and they become Current Pay SSI, the individual must stay in their current category (e.g., PW, MAGI Expansion) and would not be moved to Non-MAGI. • If any verified information results in the pregnant or postpartum individual changing categories, this is not allowed. <ul style="list-style-type: none"> ○ <u>Effective with the February 16, 2025 release, NFOCUS will automatically keep the pregnant/postpartum individual in the previous category when running updated budgets.</u> ○ If any verified information results in a change for other individuals that have continuous eligibility (e.g., children), follow the steps in the Childrens CE section of this guide and see NFOCUS Workarounds for Continuous Eligibility & 12 Month Postpartum for further information.
Report of Birth of Newborn or End of Pregnancy:	<p>Update the unborn or end date the pregnancy and run updated budgets. Follow the MLTC Change Management Guide (<i>Changing Unborn to Newborn</i> section).</p> <ul style="list-style-type: none"> • The pregnant individual is now in their 12 months of postpartum coverage. <ul style="list-style-type: none"> ○ Throughout the postpartum period, the individual must remain in the Medicaid category they were in during the pregnancy. • The deemed newborn must be added to the Program Case and approved in the MAGI Infant category. <ul style="list-style-type: none"> ○ The deemed newborn must stay in the MAGI Infant category through their continuous eligibility period. See the Deemed Newborns section of this guide for further information on CE for the newborn. • <u>The Expiry Date for the postpartum individual is set for the end of the 12-month postpartum period.</u> <ul style="list-style-type: none"> ○ <u>If there is a deemed newborn, the deemed newborn's Expiry Date will match with the postpartum individuals Expiry Date.</u> ○ <u>If the postpartum individual (and deemed newborn) are in an existing case, they may have a different Expiry Date from other active HH members.</u> ○ <u>If the deemed newborn is born or the pregnancy ends on the 1st of the month or for any months other than the EDD month, the system will not set the correct Expiry Date for the postpartum individual.</u> <ul style="list-style-type: none"> ▪ <u>The worker must manually update the Expiry Date for the postpartum individual to the correct 12-month postpartum period (to match the deemed newborn's Expiry Date, as applicable).</u> ▪ See the Flexible Budgeting Guide for further information. <p>Example #1: Jackson was born on 8/18/2024 to a Medicaid active mother, Harriet. There are other active children in the case. The worker must add Jackson to the existing <u>Program Case</u> for August 2024 (birth month) and approve Jackson in the <u>MAGI Infant category</u>. The <u>Expiry Date</u> for Jackson (<u>deemed newborn</u>) and Harriet (<u>postpartum</u>) is set for the end of the CE period - 8/31/2025. The <u>Expiry Date</u> for the <u>other active children in the case</u> remains 11/30/2024.</p>

Report of New Pregnancy During Postpartum Period:	<ul style="list-style-type: none"> • If an individual who is within their 12-month postpartum period reports a new pregnancy, they will continue to be CE during the new pregnancy. • The new pregnancy would be followed up with a new 12-month postpartum period at the end of the pregnancy. • The individual must remain active in the category they were in during their previous postpartum period throughout the new pregnancy and new postpartum period. • <u>When an updated budget is processed, the Expiry Date for the pregnant individual will be automatically set for 12 months from the new expected due date (EDD).</u>
Report of Sanction:	<ul style="list-style-type: none"> • A Child Support or Potential Income sanction CANNOT be imposed against an individual during their pregnancy or continuous postpartum period. • A TPL sanction CAN be imposed against an individual during their pregnancy or continuous postpartum period. <ul style="list-style-type: none"> ○ Pregnant/postpartum individuals are only closed if a sanction is requested from the TPL unit and a TPL Sanction alert has been received. ○ If the worker sent out for TPL verification on a VR and the pregnant/postpartum individual does not provide information, they would remain open and would not be closed for “<i>Failed to Provide Information</i>”.
Overdue Pregnancy:	<ul style="list-style-type: none"> • See the Overdue Pregnancy Process on MERL for further information.

Renewals for Pregnant or Postpartum Individuals:

Renewals are not completed on pregnant or postpartum CE individuals until the end of their 12-month postpartum period. This may mean that individuals who are pregnant or within their postpartum period are not renewed on the annual 12-month Medicaid renewal cycle.

As of the February 16, 2025 NFOCUS Release, the pregnant or postpartum individual’s renewal period/CE end date will be tracked by the Expiry Date field in NFOCUS. See the [Flexible Budgeting Guide](#) for further information.

- **When processing the renewal, the worker must process for the month after the Expiry Date month, even if not prompted by NFOCUS. This may require the worker to manually choose the month after the Expiry Date.** This is in order to give the individual their full CE period and ensure any actions such as changes in categories or case closure are taken within the individual’s new eligibility period.

Renewals at the end of the Postpartum Period:	<p>Process the renewal for the individual at the end of their postpartum period and the deemed newborn following the MAGI Renewal Process Guide.</p> <ul style="list-style-type: none"> • If there are any category overrides on the postpartum individual, these must be removed at the end of the postpartum period, prior to processing the renewal. See NFOCUS Workaround for Continuous Eligibility & 12 Month Postpartum for further information. • <u>If the postpartum individual (and deemed newborn, as applicable) are in a separate Program Case from other HH members in the Master Case, the worker MUST</u>
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<p><u>Cont. - Renewals at the end of the Postpartum Period:</u></p>	<p>move the postpartum individual (and deemed newborn, as applicable) back into the Program Case with the other HH members at the time of the renewal. <u>This step is required.</u></p> <ul style="list-style-type: none"> • Be sure to review narratives and any open VRs for information that may have been previously requested from the CE individual and not provided. This information should be clarified during the renewal. If information is still needed, close the previous VR, and send a new VR. • Review for any other continuously eligible individuals on the case (<u>Tip: Review each individual's Expiry Dates and the Continuous Eligibility narrative subheading, if available, for help in determining an individual's CE period:</u> <ul style="list-style-type: none"> ○ If there are other pregnant individuals or individuals in their postpartum period on the case, they must <u>not be closed and are only be renewed at the end of their 12-month postpartum period.</u> ○ Children on the case may have a different 12-month CE period <u>and different Expiry Dates</u> than the postpartum individual and deemed newborn. A child must only be renewed at the end of their 12-month CE period. ○ Ensure the renewal is not processed for any CE children <u>or any other pregnant/postpartum individuals until the time of their individual Expiry Date.</u> • If the individual at the end of their postpartum period changes categories (e.g., PC, MAGI Expansion or a Non-MAGI category), this is allowed at renewal time. • If the individual at the end of their postpartum period is determined to be ineligible or fails to provide information to process the renewal (e.g., Over Income, FTP), action can be taken by the worker to close the individual at renewal time, allowing for timely notice.
<p><u>Expiry Dates at the end of the Postpartum Period:</u></p>	<ul style="list-style-type: none"> • If found to be eligible, the <u>Expiry Date</u> for the postpartum individual will be <u>automatically updated by the system</u> to 12 months from the existing <u>Expiry Date</u> on the <u>individual</u>.
<p><u>Overdue Renewals</u></p>	<ul style="list-style-type: none"> • <u>If a renewal is overdue and being processed, the individual being renewed may not have a Budget Purpose of Renewal. This means that the system will not recognize the budget as a renewal and will not automatically update the Expiry Date and send a renewal notice.</u> <ul style="list-style-type: none"> ○ <u>For overdue renewals, staff must go back to the month after the Expiry Date month and process the individual's renewal. This will allow the system to recognize the budget as a Renewal and automatically update the Expiry Date and send a renewal notice.</u> ○ <u>Due to the need for adequate and timely notice, if there is a change in benefits or the individual is now ineligible, the come-up month is the first month adverse action can be taken by the worker.</u>

EXCEPTIONS TO CONTINUOUS ELIGIBILITY

Continuously eligible individuals must not be closed during their CE period, regardless of case circumstance, unless the individual meets an exception (see **477 NAC 3-008.05**). If an exception is met, the CE individual may be closed by the worker, even if they are still within their CE period.

Exceptions for ALL CE individuals include:

1. If the individual ceases to be a state resident, including in cases of returned mail;
2. If the individual requests voluntary termination;
3. If the individual dies; or
4. The agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility due to agency error or due to fraud, abuse, or perjury attributed to the individual (must be an official determination from the Fraud unit).
 - **Example #1:** A renewal form was received for two children in the HH, along with paystubs for the FR parent. **The renewal form and paystubs reported TPL**, however, this was not followed up on by the agency and children were incorrectly approved in the CHIP category. At a later time, a worker identifies the TPL and calls out to the HH who confirms that the children are covered by insurance. The children can be closed, allowing for timely notice, due to having TPL and being approved at the last renewal incorrectly by the agency in the CHIP category. This is considered an agency error and does not require a referral to the Fraud unit.
 - **In this example, the TPL was known to the agency and initially reported by the HH on the renewal form and available on the paystubs provided.** However, if the TPL is being newly reported by the HH after processing of the case, that would be different. In that scenario, the worker must act to verify the TPL information, but any children approved in CHIP must remain open as TPL information was not present or known about at the time of processing.
 - **Example #2:** A Change Report is received reporting a pregnancy for an active individual. The individual is currently listed as pregnant, with a different due date than the information on the Change Report. When looking at the case, the worker can see that the individual has reported pregnancies on the past few renewals and submitted a few Change Reports, all with differing information. The worker attempts a call out to the individual to clarify information, which is unsuccessful. The worker communicates with their Supervisor and a referral to the Fraud unit is made. Further actions will be taken by the Fraud unit and PAS worker, depending on the outcome of an investigation.
 - **Example #3:** An application is received for a pregnant parent and their two children. They all attest to an eligible immigration status, but the VLP interface does not verify information. The case is processed, and the reasonable opportunity (RO) period is provided for documentation to be sent in. At the end of the RO period, the HH has not provided verification of their immigration status. The agency is allowed to close the case, allowing for timely notice. This is a part of RO policy and is not due to agency error or fraud or abuse on the applicant's side.

Specific exceptions for PREGNANT CE or CONTINUOUS POSTPARTUM include:

1. If a TPL sanction is requested from the TPL unit, the pregnant or postpartum individual must be sanctioned and closed.
 - Pregnant/postpartum individuals are **only** closed if a sanction is requested from the TPL unit and a TPL Sanction alert has been received.
 - If the worker sent out for TPL verification on a VR and the pregnant/postpartum individual does not provide information, they would remain open and would **not** be closed for *Failed to Provide Information*.
2. If a pregnancy was added to an individual in error, the individual is not considered CE and could move categories or be closed.
 - The pregnancy must be end dated and removed from the case. If the pregnancy is not removed, the system will mark the individual as CE in error.
 - See [NFOCUS Workarounds for Continuous Eligibility and 12-Month Postpartum](#) for further information and workaround steps for this scenario.

Specific exceptions for CHILDRENS CE include:

1. If the child ages out (turns 19 years of age) and does not meet another level of continuous eligibility such as pregnancy or hospitalization, CE no longer applies for the individual.
 - **Example:** A child is eligible in the MAGI Children 6-18 category. An age change alert for turning 19 years of age is received and all information is verified. The income will put the individual over income for MAGI Expansion and they do not qualify for MAGI P/C or a Non-MAGI category. The individual was not reported as being hospitalized when turning 19 years of age. The individual is no longer considered continuously eligible and may be closed, even if it is not the annual renewal time.
2. If a child becomes a state ward and has Medicaid opened in an IV-E case managed by CFS. This is still considered Medicaid for continuous eligibility purposes. It would be appropriate for the MLTC worker to close the Medicaid Program Case to avoid duplicate benefits.