

Version History Table			
Date:	Document:	Changes Made:	Impacted Pages:
11/2024	Non-MAGI & Combined Renewal Process Guide	<ul style="list-style-type: none"> - Clarification on processing a budget & when to update the Review Due date. - Updated information in the <i>Notice</i> sections. - Added information about checking for MAGI eligibility in the <i>Unearned Income</i> sections. - Clarifications added in the <i>Allowable Deductions/Expenses</i> sections. - Added information about open VRs. - Added information about narrating when there is a CE individual. - Added information on reviewing for Voter Registration on renewal forms - Clarification added to <i>Information Provided Within 90 Days</i> sections. 	Pgs. 2-3, 5-6, 11, 13, 15-18, 20-22, 25, 27, 30-32, 35 & 36.
7/2025	Non-MAGI & Combined Renewal Process Guide	<ul style="list-style-type: none"> - Added information about renewal forms no longer being sent by the system. - Added clarification on when to update the ‘Refugee’ status in NFOCUS Expert. - Added flexible budgeting steps, including: <ul style="list-style-type: none"> - Information on Expiry Dates. - Information on using Skip Budget or Delay Renewal when a renewal cannot be completed on an individual in the Program Case. - Information added about AVS batch submissions - Information added in the ‘Unearned Income’ and “Allowable Deductions’ sections. - AVS spousal consent form language added. - Added information about renewal language on the notice. - Updated the ‘Overdue Renewal Process’ section. 	Pgs. 2, 3, 5, 6, 8, 9,12,13-14,17-19, 21, 24, 27-28, 31-32 & 34-36

Non-MAGI & Combined Renewal Process Guide

A renewal of eligibility is required for all Medicaid participants, in any category, every 12 months. The purpose of the Non-MAGI & Combined Renewal Process Guide is to provide step by step instructions to complete renewals on Non-MAGI individuals and those individuals in a combined Medicaid case.

- Start with the applicable Non-MAGI Desk Renewal or Non-MAGI Paper Renewal process. For Spousal Impoverishment reviews, also see the Spousal Impoverishment (SIMP) Renewals section for specific processes.
- Beginning 4/1/2023 **individuals must not be closed for failure to provide a renewal form prior to attempting a desk renewal**, per the interim desk renewal policies in [Policy Memo 23-05 MAGI and Non-MAGI Desk Renewals](#).
- Beginning 10/2/2023, **renewal determinations must be made for each individual during the renewal process, rather than at the case level**, per [Policy Memo 23-13 Renewal Requirements at the Individual Level](#).

This guide may not provide detailed procedures for each eligibility requirement. This is a reminder that all points of eligibility must be reviewed when processing renewals. See the following documents available on MERL for help in processing a renewal:

- [Non-MAGI Initial Processing Checklist](#)
- [Medicaid Income Handling Guide](#)
- [Medicaid Resource Verification Plan](#)
- [Voter Registration SOP](#)
- [Flexible Budgeting Guide](#)

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NON-MAGI DESK RENEWAL PROCESS

Current Pay SSI/1619(b) and Combined

Ninety (90) days prior to the Expiry Date, NFOCUS compiles the renewals for the month:

- AVS batch requests will be sent on the 20th of that month (about 70 days prior to the Expiry Date).
- A Non-MAGI Desk Review Alert/WT is created for **all** Non-MAGI cases, including Current Pay SSI/1619(b) cases on the first day of the month prior to the Expiry Date.
- Effective August 1, 2025, paper renewals will no longer be automatically sent for Non-MAGI and Combined Program Cases that include an individual who is non-CP SSI/1619(b). Desk renewals must be attempted on **all** Non-MAGI and Combined cases.
- **Former Foster Care:** FFC cases will continue to follow the procedures in the [Former Foster Care Guide](#).

Eligibility must be determined for each INDIVIDUAL during the renewal process rather than at the case level. See [Policy Memo 23-13 Renewal Requirements at the Individual Level](#).

- Many factors are considered when determining an individual's eligibility for Medicaid (e.g., Financial and Non-Financial criteria, unit size, Federal Poverty Level (FPL) for Medicaid categories and the methodology in which eligibility is determined, either MAGI or Non-MAGI). Because of differing criteria, some individuals may be able to be renewed with a desk renewal while others will require additional information to complete the renewal process.
- For multi-member households, if unable to complete a desk renewal for one or more household members:
 - Workers **MUST** complete processing of the desk renewal for the members of the household who the renewal can be completed for. A renewal notice must be sent to them and their Expiry Date would be automatically updated by NFOCUS.
 - The worker MUST use the Delay Renewal function on the individual(s) who the renewal cannot be completed for in order to not complete their renewal and not update their Expiry Date. A renewal form and VR will need to be sent for these individuals only.
 - See the [Flexible Budgeting Guide](#) and sections below for further process information.

Begin the Non-MAGI Desk Renewal process:	<ul style="list-style-type: none"> • Retrieve and accept the Non-MAGI Desk Review alert (Alert #465). • Ensure the participant is in the correct Program Case. <ul style="list-style-type: none"> ○ Example: If an adult child is CP SSI and they are in the same Program Case as the rest of the HH members, they must be moved to their own Program Case separate from the rest of the HH. <p>NOTE: <u>The Application Received Date no longer needs to be manually entered by the worker when processing a desk renewal.</u></p>
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Review citizenship and Immigration status:	<ul style="list-style-type: none"> • Immigration status for documented non-citizens must be re-verified at the time of renewal. This includes individuals in Current Pay SSI status, if the SDX interface shows a change in citizenship status. Citizenship does not need to be re-verified for verified US citizens. <ul style="list-style-type: none"> ○ Refer to the following sections in the MLTC Citizenship and Immigration Guide: <ul style="list-style-type: none"> ▪ Renewals: Information regarding reviewing immigration status at renewal. ▪ Verification via the Federal Data Services Hub: Instructions on how to submit a VLP request for documented non-citizens.
Review interfaces:	<ul style="list-style-type: none"> • See the Interfaces WINK-ed for further information. • SDX Interface: Check the SDX interface for Current Pay SSI/1619(b) status and current address to ensure the individual remains a Nebraska resident. <ul style="list-style-type: none"> ○ If the address in SDX matches a previous address in NFOCUS, the individual will need to be informed they should update their address with SSA to avoid any future interruptions in Social Security and Medicaid benefits. If SDX shows an out of state address, the case must be reviewed for potential closure. See the SDX Guide for further information. ○ If the SDX interface shows that the individual is now in Non-Pay status and is not eligible for 1619(b) status, the worker will need to attempt to verify all income and resources for the HH. See the “SSI Enters Non-Pay Status Due to Income or Resources” section of the SDX Guide for further information. <ul style="list-style-type: none"> ▪ Staff can call out and obtain attestation of resources and obtain AVS consent by using the Consent Line. See the MLTC Consent Line Process Guide for further information. ▪ Electronic data sources must be utilized prior to sending a VR. • CMS Interface: Check the CMS > Part D Enrollment interface to determine if there is a Medicare Part C plan listed that would need to be entered into C1. <ul style="list-style-type: none"> ○ Compare the information found in the CMS interface with the current Medicare Part D Chart (Medicaid Policy Log > CH 22 – Income for Non-MAGI Programs > Income Deductions). ○ If Part D plan does not show on standalone chart: <ul style="list-style-type: none"> ▪ Review to determine if information about the policy has been received (listed on application/renewal, in document imaging, etc.). ▪ Attempt a call out to the client or representative to obtain the policy member/member ID number. ▪ If call out is unsuccessful, send a VR to request information to enter into C1 (e.g., request individual call in or submit change report with policy member/member ID number or provide a copy of the front/back of the card)

Earned Income:	<ul style="list-style-type: none"> For Current Pay SSI and 1619(b) individuals, earned income is verified by the Social Security Administration. No action is required by the worker to verify this information.
Resources:	<ul style="list-style-type: none"> For Current Pay SSI and 1619(b) individuals, resources are verified by the Social Security Administration. No action is required by the worker to verify this information.
Alerts, WTs, and VRs:	<ul style="list-style-type: none"> All information available on the case must be acted upon at the time of the renewal. Any open alerts and WTs must be addressed and cleared/closed. Review any open MLTC VRs and determine if action is needed: <ul style="list-style-type: none"> If all information has been obtained or the information is no longer needed, close the VR. If the individual is closed (e.g., <i>Failed to Provide Information</i>), VRs must remain open until all verifications are received OR the individual is required to reapply (90 days). Review for any unworked returned mail alerts and the SDX interface and confirm the household's address in NFOCUS is the most recent address. See the Returned Mail Process and the "Address Mismatch" sections of the SDX Guide for additional information.
Renewals at the Individual Level	<ul style="list-style-type: none"> Beginning 10/1/2023, eligibility must be determined for each INDIVIDUAL during the renewal process rather than at the case level. See Policy Memo 23-13 Renewal Requirements at the Individual Level. <ul style="list-style-type: none"> Workers MUST complete processing of the desk renewal for the members of the household who the renewal can be completed for. A renewal notice must be sent to them and their Expiry Date would be automatically updated by NFOCUS. The worker MUST use the Delay Renewal function on the individual(s) who the renewal cannot be completed for in order to not complete their renewal and not update their Expiry Date. A renewal form and VR will need to be sent for these individuals only. See the Flexible Budgeting Guide and sections below for further process information.
<ul style="list-style-type: none"> If the Non-MAGI Desk Renewal (CP SSI/1619(b)) is SUCCESSFUL for the individual, move onto the next steps in this section. If the Non-MAGI Desk Renewal (CP SSI/1619(b)) is UNSUCCESSFUL for the individual (e.g. SSI status is now non-pay and the worker is unable to verify current income/resources): <ul style="list-style-type: none"> If the individual is in the same Program Case as an individual who a renewal can be completed for, the worker must use the Delay Renewal function on the individual(s) who the renewal cannot be completed for. See the Flexible Budgeting Guide for more information. The worker must move onto the Non-MAGI and Combined Paper Renewal Process section of this guide for the individual(s) who the renewal cannot be completed for. <ul style="list-style-type: none"> Review the <i>Review/Recert Tracking</i> screen in NFOCUS to ensure there is no Application Received Date listed on the Program Case as this will cause the HH to have issues completing a renewal form online. 	

<p>Processing the Budget:</p>	<ul style="list-style-type: none"> • If the Non-MAGI Desk Renewal is successful, process the budget and complete the renewal process. When processing the renewal, the budgets must be run through the month following the <u>individual's Expiry Date</u>. Adverse action must also be taken into account when determining which month to run the budget for. <ul style="list-style-type: none"> ○ <u>An individual will have a Budget Purpose of 'Change' in the month of the Expiry Date and a Budget Purpose of 'Renewal' in any month after their Expiry Date until the renewal is processed. If completing the renewal and the individual is eligible, staff MUST process the budget for any month after the Expiry Date in order for the system to automatically update the Expiry Date and send a renewal notice.</u> ○ There may be situations when the renewal is completed after the renewal due date; for those situations the worker must process the <u>next available month taking into consideration adverse action.</u> • Review budget for correctness. <ul style="list-style-type: none"> ○ If budget is correct, authorize budget. ○ If budget is incorrect, make corrections as needed. Determine eligibility and authorize budget.
<p><u>Updating the Review Due and Expiry Dates:</u></p>	<ul style="list-style-type: none"> • <u>If the individual(s) have a Budget Purpose of "Renewal" and remain eligible, the system will automatically update their Expiry Date forward 12 months from the existing Expiry Date.</u> <ul style="list-style-type: none"> ○ <u>Review to ensure the Expiry Date and/or Review Due date was updated correctly. Staff must not manually update the Review Due or Expiry Dates on the case, unless the system updated it to the incorrect date.</u> ○ <u>See the Flexible Budgeting Guide for more information.</u> • <u>If the individual(s) in the Program Case are no longer eligible, the system will not update their Expiry Date</u> <ul style="list-style-type: none"> ○ <u>Staff must not manually update the Review Due or Expiry Dates as the individual is not eligible for a new eligibility period.</u>
<p>Generate a Renewal Notice of Action:</p>	<ul style="list-style-type: none"> • <u>When generating an NOA, review for accuracy of information, requirements and correct NAC language. If the NFOCUS generated NOA is not correct, it must be deleted and a generic NOA must be generated. See Medicaid Renewal Notice Language for more information.</u> • Generate a Notice of Action (NOA) to the individual(s) renewed and any designated Administrative Roles. <ul style="list-style-type: none"> ○ If the individual remains eligible, ensure the renewal language is included on the notice. ○ <u>If the individual is ineligible, ensure the correct eligibility reason is on the NOA.</u> <ul style="list-style-type: none"> ▪ <u>Renewal language must not be included on the Notice of Eligibility for the individual who is closed. Renewal language will be on the notice if one or more HH members continue Medicaid coverage.</u> • If a Renewal NOA is returned to the agency with a signature from the client, the signed notice is treated as a change report. The worker will:

Cont. - Generate a Renewal Notice of Action:	<ul style="list-style-type: none"> ○ Attempt a call out to the client or authorized representative to identify change that is being reported. <ul style="list-style-type: none"> ▪ If the call out is successful, update the case if necessary. ▪ If the attempted call out is unsuccessful, send a VR. <ul style="list-style-type: none"> • If a response is received to the VR, update the case if necessary. • If no response is received to the VR, any non-CE individuals on the case (See the Continuous Eligibility Guide) would be closed for <i>Failed to Provide Information</i>.
Narrate:	<ul style="list-style-type: none"> • Narrate actions taken. <ul style="list-style-type: none"> ○ Include information that explains the actions taken in a way that others can follow the work completed on the case or individual. ○ Include any mandatory narratives (AVS template, for example). ○ Include any known or suspected resource deprivation issues. Document the resource that was transferred, the date it was transferred, and any other known details about the transfer. This is required whether a penalty will be imposed or not. <u>See the Deprivation of Resources Process Guide for additional information.</u> ○ If the case is assigned, close the assignment, if applicable. <ul style="list-style-type: none"> ▪ Some cases (e.g., LTC) must keep the assignment.

NON-MAGI DESK RENEWAL PROCESS

Non-SSI/1619(b) & Combined

Ninety (90) days prior to the Expiry Date, NFOCUS compiles the renewals for the month:

- The AVS batch submissions will occur on the 20th of each month (about 70 days prior to the Expiry Date).
Example: Renewal due December 31st, the AVS submission will occur on October 20th.
- A Non-MAGI Desk Review Alert/WT is created for **all** Non-MAGI cases.
- **Effective August 1, 2025, paper renewals will no longer be automatically sent for Non-MAGI and Combined cases with an individual who is not CP SSI/1619(b). Desk renewals must be completed on all Non-MAGI cases.**

Eligibility must be determined for each INDIVIDUAL during the renewal process rather than at the case level. See [Policy Memo 23-13 Renewal Requirements at the Individual Level](#).

- Many factors are considered when determining an individual's eligibility for Medicaid (e.g., Financial and Non-Financial criteria, unit size, Federal Poverty Level (FPL) for Medicaid categories and the methodology in which eligibility is determined, either MAGI or Non-MAGI). Because of differing criteria, some individuals may be able to be renewed with a desk renewal while others will require additional information to complete the renewal process.
- For multi-member households, if unable to complete a desk renewal for one or more household members:
 - Workers **MUST** complete processing of the desk renewal for the members of the household who the renewal can be completed for. A renewal notice must be sent to them and their Expiry Date would be automatically updated by NFOCUS.
 - The worker MUST use the Delay Renewal function on the individual(s) who the renewal cannot be completed for in order to not complete their renewal and not update their Expiry Date. A renewal form and VR will need to be sent for these individuals only.
 - See the [Flexible Budgeting Guide](#) and sections below for further process information.

Begin the Non-MAGI (Non-SSI/1619(b) & Combined) Desk Renewal process:

- Ensure the participant(s) are in the correct Program Case.
 - ***Example:*** Grandparents (ABD-eligible) and grandchildren (MAGI-eligible) are in the same Program Case (PC). The grandparents must be moved to their own Non-MAGI PC, separate from the MAGI-eligible grandchildren.
- NOTE:** The Application Received Date **no longer** needs to be manually entered by the worker when processing a desk renewal.

<p>Review citizenship and immigration status:</p>	<ul style="list-style-type: none"> • Immigration status for documented non-citizens must be re-verified at time of renewal. Citizenship for verified US citizens does not need to be re-verified. <ul style="list-style-type: none"> ○ Refer to the following sections in the MLTC Citizenship and Immigration Guide: <ul style="list-style-type: none"> ▪ Renewals: Information regarding reviewing immigration status at renewal. ▪ Verification via the Federal Data Services Hub: Instructions on how to submit a VLP request for documented non-citizens. ○ Based on the VLP interface indicators (e.g., Lawful Presence Verified, Qualified Noncitizen, Five-Year Bar Applicable, Five-Year Bar Met, US Citizen) budgeting will either be allowed or disallowed. The Expert system does not look at information entered into Expert; instead, it uses the VLP data as the primary verification source. <ul style="list-style-type: none"> ▪ Example: Non-citizen status is LPR and the 5-year bar has not been met as verified by VLP interface. The Citizenship/Immigration task in Expert lists a status of parolee. Expert will use the verified citizenship/non-citizen status from the VLP interface information and not allow budgeting. ▪ There are situations in which the VLP data may not be used. In these situations, it is important that staff are using the correct status in Expert, including: <ul style="list-style-type: none"> ○ If the Qualified Non-Citizen or 5 Year Bar fields on the VLP interface are <i>Pending</i> ○ If the VLP workaround is being used. ○ <u>'Refugee' is not a valid noncitizen status for Medicaid. If this status is listed in the Citizenship task in Expert, this will need to be updated by the worker to the individual's current status or 'Refugee-Section 207'. If not updated, the system will still allow you to run and approve the budget, however this would be incorrect. Review the funding code under Unit Size in the MED budget to ensure Refugee Resettlement Program does not appear/incorrect information is not listed. Refer to the Refugee Process.</u>
<p>Earned Income:</p>	<p>Review the case for an attestation of Earned Income and attempt to verify the individual's attestation. Determine if the information provided can be verified with electronic interfaces or via paper verification (Document Imaging, MLTC & EA information/narratives, and call outs).</p> <ul style="list-style-type: none"> • Attested Income: For a Desk Renewal, the attested income is the income currently used in the budget or a recent attestation of income from the individual. See the Medicaid Income Handling Guide for further information on verification of income. <ul style="list-style-type: none"> ○ <i>Examples of recent attestation include:</i> attestation from recent applications (MLTC or EA), attestation given to EA or via a phone call to the HH in which they attest to the most recent SEW wages or an updated pay schedule. ○ Any employment or income information that is returned from SEW that has not been attested to can only be considered as a lead and requires additional follow up before it can be used in Medicaid budgeting.

**Cont. - Earned
Income:**

VCI/TALX INTERFACE:

- Submit a VCI/TALX request for all individuals in the household age 14 and older.
 - From the Detail Master Case window, select the Actions drop down menu, then select *Verify Current Income*. Highlight the individual(s) whose income needs verified. Once highlighted, select the *Submit to Income Verification* button.
 - If the VCI/TALX request **provides income information** for individuals in the household age 14 and older, update the pay schedule and paystubs from VCI/TALX in the Earned Income module in the Expert system. Update the verification source to '*TALX file viewed*'. Proceed to verifying unearned income and resources.
 - The worker would need to evaluate an individual's work history, if employment is regular or irregular, or if there was a change identified that needs to be verified prior to running budgets. If further verification is required, a VR may be necessary.
 - a. Regular income must be verified using one (1) month's income at a minimum.
 - b. Irregular income must be verified using the three (3) most recent months, if available.
 - If the VCI/TALX request **indicates Employment Information Not Found** proceed to verifying income using the SEW Interface.

Note: If there are any previous deductions being used in the budget, the VCI/TALX interface will not account for or verify these. See the [Allowable Deductions/Expenses](#) section below for further steps.

SEW INTERFACE:

- Review SEW to determine if the attested income is Reasonably Compatible. See the [WINK-ed Income Handling Part I](#) for further information on reasonable compatibility.
 - If income is reasonably compatible, proceed to budgeting. Remember to update the pay schedule if necessary and mark the "Verified by SEW" box when running an updated budget. Staff do **NOT** need to change the verification source of the income to "Unverified" when using SEW.
 - If income is not reasonably compatible:
 - Review applications (MLTC or EA), Document Imaging (DI) and narratives (MLTC or EA) for an updated attestation. If available, determine if the income is Reasonably Compatible when compared to SEW.
 - i. If yes, proceed to budgeting. Remember to mark the "Verified by SEW" box when running an updated budget.
 - ii. If no, proceed to the paper verification section below.

<p>Cont. - Earned Income:</p>	<ul style="list-style-type: none"> ▪ Attempt a call out to the household. Determine if the individual will agree to the information provided by the data source or provide updated information to use as an attestation (e.g., pay raise, increase in hours, etc.). <ul style="list-style-type: none"> i. If you are able to contact the individual and verify the income, update Expert with the new attestation and proceed to budgeting. Remember to mark the “Verified by SEW” box when running an updated budget. ii. If you are not able to contact the individual, proceed to using paper verification. <p>Note: If there are previous deductions being used in the budget, the SEW interface will not account for or verify these. See the Allowable Deductions/Expenses section below for steps to take.</p> <p>PAPER VERIFICATION:</p> <ul style="list-style-type: none"> • Paper verification should only be used if income is unable to be verified using electronic interfaces. Paper verification methods include: <ul style="list-style-type: none"> ○ Information available in Document Imaging (e.g., EIV/TEV form, paystubs or a tax return/self-employment ledgers). ○ Information able to be obtained by calling out to the employer or calling out to the HH and verifying against interface information. ○ Narrative information entered and verified from both MLTC and EA. • If current verification is on file or able to be obtained through a call out, update information in the Expert system and proceed to verifying unearned income, resources, and any allowable deductions/expenses. • If current verification is not on file or able to be obtained through a call out, send a VR for the information and any other verifications required (e.g., resource information), along with the re-printed Renewal Form. Monitor alerts until eligibility can be determined.
<p>Self-Employment:</p>	<p>Attempt to verify the individual’s attestation of Self-Employment (SE) income:</p> <ul style="list-style-type: none"> • Attested Income: For a Desk Renewal, the attested self-employment income is the income currently used in the budget or a recent attestation of income from the individual. • Attempt to verify the self-employment income. The income hierarchy should be followed prior to sending a renewal form. This may include: <ul style="list-style-type: none"> ○ Reviewing Document Imaging (DI) and narratives (both MLTC and EA) for recent verification of the income. ○ Completing a call out to the HH:

Cont. - Self-Employment:	<ul style="list-style-type: none"> ▪ If the self-employment was previously verified using the individual's tax return, the individual should be contacted to see if a new tax return has been filed since the previous renewal: <ul style="list-style-type: none"> ▪ If no, ask the individual if the current income tax return is reflective. If declared reflective, update the verification source as needed and process the Desk Renewal using the tax return on file. ▪ If yes, or the previous tax return on file is not declared reflective, attempt to complete SE ledgers with the individual over the phone. If unable to complete ledgers, send a paper Renewal Form and a VR for a copy of the new tax return or updated ledgers. ▪ If the self-employment was previously verified using ledgers, attempt to complete current ledgers with the individual and complete the Desk Renewal. If you are unable to reach them or complete updated ledgers, re-send the paper Renewal Form and a VR.
Unearned Income:	<p>Attempt to verify the individual's attestation of current Unearned Income:</p> <ul style="list-style-type: none"> • Attested Unearned Income: For a Desk Renewal, the individual's attested unearned income is the unearned income that is currently used in the budget. See the Interfaces WINK-ed for further information. <p>ELECTRONIC INTERFACES:</p> <ul style="list-style-type: none"> • SDX & BDE Interfaces: Check the SDX and BDE interfaces for current pay social security or SSI status. Social Security should usually interface over into the Expert system, however a SVES Claim Request is needed if it isn't interfacing. <ul style="list-style-type: none"> ○ If a file exists, review current address to ensure the individual remains a Nebraska resident. If the address in the interface matches a previous address in NFOCUS, the individual will need to be informed they should update their address with SSA to avoid any future interruptions in Social Security and Medicaid benefits. If SDX or BDE show an out of state address, the case must be reviewed for potential closure. See the SDX Guide and BDE Process Guide for further information about address mismatches and out of state addresses. ○ <u>Review the ABD or HHA Process Flow to determine if the individual's income makes them eligible for HHA/MAGI Expansion or if they should remain in Non-MAGI.</u> • AVS: Check the AVS results to determine if there is any unearned income (e.g., interest) reported. <ul style="list-style-type: none"> ○ Update current amounts in Expert for any unearned income sources reporting. <p>PAPER VERIFICATION:</p> <ul style="list-style-type: none"> • Paper verification should only be used if unearned income is unable to be verified using electronic interfaces. Paper verification methods include: <ul style="list-style-type: none"> ○ Information available in Document Imaging or able to be obtained by calling out to the financial institution (e.g., SSA) or HH. ○ Narrative information entered from both MLTC and EA.

Cont. - Unearned Income:	<ul style="list-style-type: none"> • If current verification is on file or able to be obtained through a call out, update information in the Expert system and proceed to verifying resources. • If current verification is not on file or able to be obtained through a call out, send a VR for the information and any other verifications required (e.g., earned income or resource information), along with the re-printed Renewal Form. Monitor alerts until eligibility can be determined.
Resources:	<ul style="list-style-type: none"> • Attested Resources: For a Desk Renewal, attested resources are the resources currently used in the budget. • Review for attestation of any resources (e.g., bank accounts, retirement/401k, countable automobiles, etc.) and compare to electronic interfaces (AVS, DMV) and/or information on file. See the Medicaid Resource Verification Plan for further information. <ul style="list-style-type: none"> ○ Effective 9/1/2023, attestation is accepted as verification for Direct Express, ReliaCard, and nursing home trust account balances. See Policy Memo 23-10 Attestation of Balance for Certain Resources <ul style="list-style-type: none"> ▪ Other resources like Green Dot, NetSpend and Chime are considered online only bank accounts and require further verification. Attestation is not accepted for these accounts. ○ Effective 9/1/2023, DMV must only be reviewed by staff if the individual is attesting to owning a classic car, boat/watercraft, plane/aircraft, or recreational vehicle. All other vehicle types will not be counted in Medicaid budgeting and do not require verification. See Policy Memo 23-12 Resource Exclusion of Certain Vehicles for further information. <p>ELECTRONIC SOURCES:</p> <ul style="list-style-type: none"> • Review AVS to determine if a request was sent by the system. • <u>AVS batch submissions will occur on the 20th of each month (about 70 days prior to the Expiry Date). For individual renewals, see the example below:</u> <ul style="list-style-type: none"> ○ <u>Example: Renewal due December 31st, the AVS submission will occur on October 20th.</u> ○ If an AVS request was sent by NFOCUS, review details and update resources in NFOCUS utilizing the AVS Procedural Guide. ○ If an AVS request was not sent by NFOCUS: <ul style="list-style-type: none"> ▪ If AVS consent is on file (see Using the AVS Consent Window in NFOCUS) submit a new AVS request. Follow the AVS Procedural Guide. ▪ If AVS consent is not on file, attempt a call out to the beneficiary utilizing the Consent Line by following the MLTC Consent Line Process Guide. <ul style="list-style-type: none"> • If call out is successful, update AVS consent (see Using the AVS Consent Window in NFOCUS) and submit an AVS request. Follow the AVS Procedural Guide.

<p>Cont. - Resources:</p>	<ul style="list-style-type: none"> • If call out is not successful, AVS consent must be obtained. Send a VR to the individual for consent along with any other information needed (e.g., verification of resources that are not verified by AVS or an AVS spousal consent form). <p>PAPER VERIFICATION:</p> <ul style="list-style-type: none"> • Paper verification should only be used if AVS consent is on file and resources are unable to be verified using electronic sources (e.g., AVS). Be sure the full AVS cycle has run prior to using paper verifications, unless an AVS exception exists per Expedited AVS Process Reasons. • Paper verification methods include: <ul style="list-style-type: none"> ○ Information available in Document Imaging (DI) or previously sent in by the HH. ○ Information able to be obtained by calling out to the HH and financial institution (e.g., bank). ○ Narrative information entered from both MLTC and EA. • If current resources are verified, on file, or able to be verified through a phone call, update information in the Expert system and proceed to verifying allowable deductions/expenses and TPL. • If resources are not on file or able to be verified through a phone call, or if documentation on file indicates undeclared resources (life insurance premium payment, transfer to an unknown account, etc.) send a VR for the information and any other verifications required (e.g., earned or unearned income information), along with the re-printed Renewal Form. Monitor alerts until eligibility can be determined.
<p>Allowable Deductions/Expenses and TPL:</p>	<ul style="list-style-type: none"> • Current available electronic data sources may not verify deductions/expenses. <ul style="list-style-type: none"> ○ <u>Review document imaging to determine if the HH has provided paystubs or verification of current deductions. Call outs may also be made to the employer to obtain updated deduction amounts. If information is on file or obtained, update and include deductions in budget.</u> • <u>If verification is unsuccessful</u>, renewal determinations should be made without verification of an allowable deduction/expense IF the beneficiary is eligible for the same amount, duration and scope of benefits without using it. <ul style="list-style-type: none"> ○ If eligible for the same amount, duration, and scope of benefits without the deduction/expense: <ul style="list-style-type: none"> ▪ The renewal is successfully complete. Close the deduction/expense the month prior to the month when the renewal is due and run the budget. <ol style="list-style-type: none"> i. <i>Example:</i> If the renewal is due May 31, 2023, close the deduction/expense for the month of April 2023 and complete the renewal.

Cont. - Allowable Deductions/Expenses and TPL:

- Add a comment to the Renewal Notice of Action advising the deduction/expense was not used and if they wish for it to be included, verification is required.
- **If removing the deduction/expense results in ineligibility or a benefit change (e.g., a benefit category that does not provide the same amount, duration, and scope of benefits):**
 - The renewal has not been successfully completed. Back out of the budget and send a Renewal Form and VR for the deduction/expense information and any other information needed on the case (e.g., income or Tax HH information). Monitor alerts until eligibility can be determined.
 - i. If the VR and Renewal Form is received with ALL requested information:
 - a. Proceed in running the budget and completing the renewal (do not take any action until the VR due alert has been received).
 - ii. If the VR is not received and the VR Due alert is received:
 - a. If the VR included any other information necessary to complete the renewal (e.g., income or Tax HH) and this information and the Renewal Form is not received, then close for the applicable reason.
 - b. If the VR is **only** missing verification of deductions or expenses and everything else has been provided, including the Renewal Form:
 - i. **DO NOT CLOSE** for *Failed to Provide Information*, close the deduction/expense.
 - ii. Process the renewal without the deduction/expense, even if it results in a benefit change (change that does not provide the same amount, duration, and scope of benefits) or ineligibility. Add a comment to the Renewal Notice of Action advising the deduction/expense was not used and if they wish for it to be included, verification is required.

ELECTRONIC INTERFACES:

- **CMS Interface:** Check the CMS > Part D Enrollment interface to determine if there is a Medicare Part C plan listed that would need to be entered into C1, **unless eligible for buy-in only.**
 - Compare the information found in the CMS interface with the current Medicare Part D Chart (Medicaid Policy Log > CH 22 – Income for Non-MAGI Programs > Income Deductions).
 - If Part D plan does not show on standalone chart:
 - Review to determine if information about the policy has been received (listed on application/renewal, in document imaging, narrative, etc.).
 - Attempt a call out to the client or representative to obtain the policy information/member ID number.

<p>Cont. - Allowable Deductions/Expenses and TPL:</p>	<ul style="list-style-type: none"> ▪ If call out is unsuccessful, send a VR to request information to enter into C1 (e.g., request individual call in or submit change report with policy information/member ID number or provide copy of the front/back of the card). <p style="margin-left: 40px;">NOTE: TPL is a post-eligibility requirement, if we have everything else to determine eligibility we should do so and then send a VR.</p> <p>PAPER VERIFICATION:</p> <ul style="list-style-type: none"> • Document Imaging (DI): Review recent insurance or bank statements received in DI for verification of insurance coverage and premiums. <ul style="list-style-type: none"> ○ If documentation on file verifies payment to an insurer (or the amount to be billed) for an attested TPL premium, update Expert. Review to determine if TPL policy has been entered in C1 and take action, including sending a VR, if needed. ○ If documentation on file does not verify payment to an insurer for an attested TPL premium, or if the statement reflects potential TPL that has not been attested to, additional information is needed. <ul style="list-style-type: none"> ▪ Attempt a call out to the client or representative to obtain attestation of current TPL policies and the associated premium amounts. <ul style="list-style-type: none"> i. If it's attested there is a new TPL policy, obtain plan information/member ID number to add to C1. A three way call out to the insurer or a VR is needed if this information is not provided. ii. If it's attested that a known TPL policy has ended, send a VR for the date the policy terminated. iii. If the premium amount declared does not match the amount shown on documentation on file or has not otherwise been verified, send a VR to verify the current premium due. ▪ If call out is unsuccessful, send a VR to request information about unknown TPL policies and/or premium payments that were not verified by documents on file. <p>NOTE: TPL is a post-eligibility requirement, if we have everything else to determine eligibility we should do so and then send a VR.</p>
<p>Alerts, WTs, and VRs:</p>	<ul style="list-style-type: none"> • All information available on the case must be acted upon at the time of the renewal. Any open alerts and WTs must be addressed and cleared/closed. • Review for any unworked returned mail alerts and review the SDX and/or BDE interfaces to confirm the household's address in NFOCUS is the most recent address. See the Returned Mail Process and the "Address Mismatch" sections of the SDX Guide for additional information. • Review any open MLTC VRs and determine if action is needed:

Cont. - Alerts, WTs, and VRs:	<ul style="list-style-type: none"> ○ <u>If there is a previous past due VR, DO NOT close the case for <i>Failed to Provide Information</i> (FTP) when attempting the desk renewal. Review to determine if the VR is still necessary to redetermine eligibility. If so, follow the verification plan to try and verify the information as part of the desk renewal process.</u> <ul style="list-style-type: none"> ▪ <u>If attempts to verify the information are unsuccessful, close the old VR and follow the process for sending out a paper renewal form and a new VR to the individuals necessary. See Policy Memo 23-14 Desk Renewals – Closing for FTP for further information.</u> ○ If all information has been obtained or the information is no longer needed, close the VR. ○ If the individual is closed (e.g., <i>Failed to Provide Information</i>), VRs must remain open until all verifications are received OR the individual is required to reapply (90 days).
Renewals at the Individual Level	<ul style="list-style-type: none"> ● Beginning 10/1/2023, eligibility must be determined for each INDIVIDUAL during the renewal process rather than at the case level. See Policy Memo 23-13 Renewal Requirements at the Individual Level. <ul style="list-style-type: none"> ○ <u>Workers MUST complete processing of the desk renewal for the members of the household who the renewal can be completed for. A renewal notice must be sent to them and their Expiry Date would be automatically updated by NFOCUS.</u> ○ <u>The worker MUST use the Delay Renewal function on the individual(s) who the renewal cannot be completed for in order to not complete their renewal and not update their Expiry Date. A renewal form and VR will need to be sent for these individuals only.</u> ○ <u>See the Flexible Budgeting Guide and sections below for further process information.</u>
<ul style="list-style-type: none"> ● If the Non-MAGI (Non-SSI/1619(b)/Combined) Desk Renewal is SUCCESSFUL for the individual, move onto the next steps in section. ● If the Non-MAGI (Non-SSI/1619(b) or Combined) Desk Renewal is UNSUCCESSFUL for the individual (e.g. unable to verify income, resources or another eligibility requirement): <ul style="list-style-type: none"> ○ <u>If the individual is in the same HH/Program Case as an individual who the renewal can be completed for, the worker must use the Skip Budget/ Delay Renewal function on the individual(s) who the renewal cannot be completed for. See the Flexible Budgeting Guide.</u> ○ The worker must move onto the Non-MAGI and Combined Paper Renewal Process section of this guide <u>for the individual(s) who the renewal cannot be completed for.</u> <ul style="list-style-type: none"> ▪ <u>Review the Review/Recert Tracking screen in NFOCUS to ensure there is no Application Received Date listed on the Program Case as this will cause the HH to have issues completing a renewal form online.</u> 	
Processing the Budget:	<ul style="list-style-type: none"> ● If verification of income, resources and all other eligibility requirements is successful, process the budget and complete the renewal process. When processing the renewal, the budgets must be run through the month following the <u>individual's Expiry Date</u>. Adverse action must also be taken into account when determining which month to run the budget for.

<p><u>Cont. - Processing the Budget:</u></p>	<ul style="list-style-type: none"> ○ <u>An individual will have a Budget Purpose of ‘Change’ in the month of the Expiry Date and a Budget Purpose of ‘Renewal’ in any month after their Expiry Date until the renewal is processed. If completing the renewal and the individual is eligible, staff MUST process the budget for any month after the Expiry Date in order for the system to automatically update the Expiry Date and send a renewal notice.</u> ○ <u>There may be situations when the renewal is completed after the renewal due date; for those situations the worker must process the next available month taking into consideration adverse action.</u> ● Determine which month to begin budgeting: <ul style="list-style-type: none"> ○ If there is no category change, budgeting would begin the month following the Review Due date. <i>Example:</i> The <u>Expiry Date for the individual</u> is October 31st. The budget should be processed <u>for the individual</u> for November. ○ If there is a category change <u>or the individual is no longer eligible (e.g., over income or resources)</u>, budgeting is determined based on adverse action and timely and adequate noticing requirements. <i>Example #1:</i> The <u>Expiry Date for the individual</u> is October 31st. Action is being taken September 25th to complete the renewal. Due to a change in circumstances, the family’s category changes to TMA. As TMA requires adequate <u>and timely</u> notice, the budget should be processed for November. <i>Example #2:</i> The Expiry Date is October 31st. Action is being taken October 25th to complete the renewal budgeting. Due to a change in circumstances, the individual’s category changes from ABD/QMB to SLMB. As this is considered an adverse action and requires timely and adequate notice, the budget should be processed and the individual’s category changed for December. <i>Example #3:</i> The Expiry Date is May 31st. Action is being taken June 23rd to complete the renewal. The individual is over income for all Medicaid categories. Due to adverse action, the budget should be processed and the individual closed for August.
<p><u>Updating the Review Due and Expiry Dates:</u></p>	<ul style="list-style-type: none"> ● <u>If the individual(s) have a Budget Purpose of “Renewal” and remain eligible, the system will automatically update their Expiry Date forward 12 months from the existing Expiry Date.</u> <ul style="list-style-type: none"> ○ <u>Review to ensure the Expiry Date and/or Review Due date was updated correctly. Staff must not manually update the Review Due or Expiry Dates on the case, unless the system updated it to the incorrect date.</u> ○ <u>See the Flexible Budgeting Guide for more information.</u> ● <u>If the individual(s) in the Program Case are ineligible (e.g., Over Income), the system will not update their Expiry Date.</u> <ul style="list-style-type: none"> ○ <u>Staff must not manually update the Review Due or Expiry Dates as the individual is not eligible for a new eligibility period.</u>

<p>Generate a Renewal Notice of Action:</p>	<ul style="list-style-type: none"> • <u>When generating an NOA, review for accuracy of information, requirements and correct NAC language. If the NFOCUS generated NOA is not correct, it must be deleted and a generic NOA must be generated. See Medicaid Renewal Notice Language for more information.</u> • Generate a Renewal Notice of Action (NOA) to the individual(s) renewed and any designated Administrative Roles. <ul style="list-style-type: none"> ○ If the individual(s) remain eligible, ensure the renewal language is on the NOA. ○ If ineligible, ensure the correct eligibility reason (e.g., Over Income/Resources) is on the NOA. <ul style="list-style-type: none"> ▪ <u>Renewal language must not be included on the Notice of Eligibility for the individual who is closed. Renewal language will be on the notice if one or more HH members continue Medicaid coverage.</u> ▪ <u>If an aged, blind or disabled individual is ineligible due to income and a medical need exists determine if a Share of Cost (SOC) is appropriate.</u> <ul style="list-style-type: none"> • <u>477 NAC Chapter 25: Children, parents or caretaker relatives, pregnant women, and the aged, blind, and disabled who have income above the limit for categorical eligibility may be eligible for Medicaid with a share of cost if a medical need exists or can be reasonably expected to exist.</u> • If a Renewal NOA is returned to the agency with a signature from the individual, the signed notice is treated as a change report. The worker will: <ul style="list-style-type: none"> ○ Attempt a call out to the client or authorized representative to identify the change that is being reported. <ul style="list-style-type: none"> ▪ If the call out is successful, update the case if necessary. ▪ If the attempted call out is unsuccessful send a VR. <ul style="list-style-type: none"> • If a response is received to the VR, update the case if necessary. • If no response is received to the VR, any non-CE individuals on the case (See the Continuous Eligibility Guide) would be closed for <i>Failed to Provide Information</i>.
<p>Narrate:</p>	<ul style="list-style-type: none"> • Narrate actions taken. <ul style="list-style-type: none"> ○ Include information that explains the actions taken in a way that others can follow the work completed. ○ Include any mandatory narratives (AVS template, for example). ○ If the case is assigned, close the assignment, if applicable. Some cases (e.g., LTC) must keep the assignment. ○ Include any known or suspected resource deprivation issues. Document the resource that was transferred, the date it was transferred, and any other known details about the transfer. This is required whether a penalty will be imposed or not. See the Deprivation of Resources Process Guide for additional information.

NON-MAGI & COMBINED PAPER RENEWAL PROCESS

A Non-MAGI Desk Review Alert/WT is created for **all** Non-MAGI cases, including Current Pay SSI/1619(b), non-CP SSI/169(b) and Combined cases.

- Effective August 1, 2025, paper renewals will no longer be automatically sent for Non-MAGI and Combined Program Cases that include an individual who is non-CP SSI/1619(b). A desk renewal must be attempted on **all** Non-MAGI and Combined cases.

If a Non-MAGI Desk Renewal for an individual is unable to be completed a paper renewal form must be generated and sent by the worker (see [below](#)).

Example (CP SSI/1619b): A Desk Renewal is attempted on a Current Pay SSI individual. When reviewing interfaces, the worker verifies that the Current Pay SSI individual has gone into non-pay status and is not in 1619(b) status. A verification of income and resources is required by the agency and is unable to be verified through AVS, Document Imaging or via call outs. The worker would generate a new Renewal Form and send a Verification Request (VR) for income or resource information, allowing 30 days for the HH to return information.

Example (Non-CP SSI/1619b): A Desk Renewal is attempted on a Non-MAGI individual in an AABD budget. When attempting the desk renewal, resource (life insurance information) and income information (New Hire Match) for the Non-MAGI individual is unable to be verified through electronic interfaces (AVS, VCI/TALX or SEW) Document Imaging or via call outs. The worker would generate a new Renewal Form with a VR for the resource and income information from the individual allowing 30 days for the HH to return information.

Example (Combined case): A desk renewal is attempted on the MAGI individuals and is able to be completed due to income being on file. When attempting the desk renewal on the Non-MAGI individual, resources (life insurance information) for the Non-MAGI individual is unable to be verified through AVS, Document Imaging or via call outs. The worker would generate a new Renewal Form with a VR for resource information for the Non-MAGI individual allowing 30 days for the HH to return information. Budgets for the MAGI individuals would be processed and approved.

An Alert/WT may be created when the renewal form is returned (Alert #493 Renewal Form Received or Alert #508 Online Renewal Form) or when the renewal form is not returned (Alert #492 Renewal Form Not Received). See the sections below for further steps.

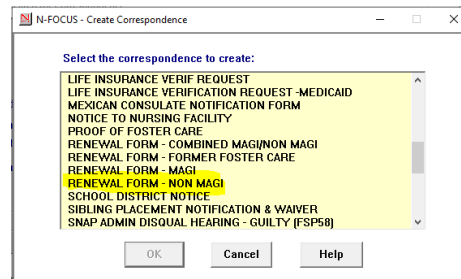
- If an alert/WT is not created, applicable action may be taken if the renewal form due date has passed and if the VR Due alert has been received (if a VR was sent along with the renewal form).
- An Alert/WT may also be created when the renewal is overdue (Alert #525 Overdue Renewal). See the [Overdue Renewal Process](#) section below for steps to take if a renewal is overdue.

Eligibility must be determined for each INDIVIDUAL during the renewal process rather than at the case level. See [Policy Memo 23-13 Renewal Requirements at the Individual Level](#).

- For multi-member households, if a renewal form and/or verification request are sent for some household members because a desk renewal could not be completed on those members, the renewal form and/or verification request is only required for the household members they were sent for. The renewal form and/or verification request must **NOT** be required for any other HH member who already previously had their desk renewal completed or who remain continuously eligible.

Generating a Renewal Form:

- If a Non-MAGI Desk Renewal is unable to be completed** for an individual and we are unable to obtain the attestation or verifications required, generate a renewal form and send simultaneously along with a Verification Request (VR) for any needed verifications.
- To generate a renewal form:
 - Go to the Medicaid Program Case
 - Select New Correspondence and select the appropriate Renewal Form from the pick list:.



- The individual has 30 days to return the renewal form. Review to ensure the due date is accurate and, if needed, manually update the due date to 30 days from the date you are sending it. Click the OK button to print the form.
 - Do NOT** update the Expiry Date or Review Due date on the case in NFOCUS to the next month or a future month as it will generate another desk review alert the following month and will also take the individual off of their annual 12-month renewal timeframe.
 - Generate a VR for any information needed and send simultaneously with the Renewal Form.
 - Remove the Application Received Date in the Mainframe that was previously added.
 - Renewal Assignment Process:** Follow the [Assignment of Universal Processing Cases](#) document.
 - If the case is not assigned, update the case mode to Processing mode.

IF THE RENEWAL FORM IS RETURNED:

An Alert/WT may be created when the renewal form is returned (Alert #493 Renewal Form Received or Alert #508 Online Renewal Form). If an alert/WT is not created, the worker must review the case and process any renewal forms or applications that have been received following the steps below.

Eligibility must be determined for each INDIVIDUAL during the renewal process rather than at case level. See [Policy Memo 23-13 Renewal Requirements at the Individual Level](#).

- Once the renewal form is received for other household members, any changes reported will be considered a change in circumstance for the individuals who were determined eligible during the desk renewal. If the change results in ineligibility (e.g., income change over the applicable FPL) for the individuals who were determined eligible during the desk renewal, action **can** be taken to close them (this does not apply to CE individuals).

Begin the Non-MAGI Renewal Process:	<ul style="list-style-type: none"> • Review the SDX Interface to determine if the individual is in Current Pay SSI or 1619(b) status. <ul style="list-style-type: none"> ○ If the individual has gone into or returned to CP SSI or 1619(b) status, the process would not continue in this section. Staff must follow the process in the Non-MAGI Desk Renewal (CP SSI/1619(b) and Combined) section of this guide. • Review to determine if the renewal is complete (e.g., contains <u>names, address and signature</u>) - 477 NAC 3-005.01. <ul style="list-style-type: none"> ○ Attempt to contact client by phone for follow-up if areas on the application are left blank, <u>if pages are missing</u>, or where clarification is needed. See Unanswered Questions for further information. • Ensure the participant is in the correct Program Case. <ul style="list-style-type: none"> ○ Example: If an adult child is CP SSI and they are in the same Program Case as the rest of the HH members, they must be moved to their own Program Case separate from the rest of the HH.
Review renewal for changes:	<ul style="list-style-type: none"> • Any changes reported for the address, phone, email, client preferences, household composition, administrative roles, pregnancy, living arrangement, TPL, etc., must be acted on. • <u>Check for voter registration information.</u> See the Voter Registration SOP for further information. • If an individual who is not active is requesting Medicaid on the renewal form: <ul style="list-style-type: none"> ○ Paper Renewal Form: Per the following Policy Memo, an MILTC-51 is required, along with the paper renewal form, in order to add the individual to the case. ○ Electronic and phone renewal forms – The individual may be added from an electronic or phone renewal form without any further applications required.

<p>Review citizenship and immigration status:</p>	<ul style="list-style-type: none"> Immigration status for documented non-citizens must be re-verified at time of renewal. Citizenship for verified US citizens does not need to be re-verified. <ul style="list-style-type: none"> Review the renewal form for attestation of citizenship status and refer to the following sections in the MLTC Citizenship and Immigration Guide: <ul style="list-style-type: none"> Renewals: Information regarding reviewing immigration status at renewal. Verification via the Federal Data Services Hub: Instructions on how to submit a VLP request for documented non-citizens. Based on the VLP interface indicators (e.g., Lawful Presence Verified, Qualified Non-Citizen, Five Year Bar Applicable, Five-Year Bar Met, US Citizen) budgeting will either be allowed or disallowed. The Expert system does not look at information entered into Expert; instead, it uses the VLP data as the primary verification source. <ul style="list-style-type: none"> Example: Non-citizen status is LPR and the 5-year bar has not been met as verified by VLP interface. The Citizenship/Immigration task in expert lists a status of parolee. Expert will use the verified citizenship/non-citizen status from the VLP interface information and not allow budgeting. There are situations in which the VLP data may not be used. In these situations, it is important that staff are using the correct status in Expert, including: <ol style="list-style-type: none"> If the Qualified Noncitizen or 5 Year Bar fields on the VLP interface are <i>Pending</i>. If the VLP workaround is being used. <u>'Refugee' is not a valid noncitizen status for Medicaid. If this status is listed in the Citizenship task in Expert, this will need to be updated by the worker to the individual's current status or 'Refugee-Section 207'. If not updated, the system will still allow you to run and approve the budget, however this would be incorrect. Review the funding code under Unit Size in the MED budget to ensure Refugee Resettlement Program does not appear/incorrect information is not listed. Refer to the Refugee Process.</u>
<p>Earned Income:</p>	<p>Review the renewal form for an attestation of earned income and attempt to verify the individual's attestation. Determine if the information provided can be verified with electronic interfaces or via paper verification (Document Imaging, MLTC & EA information/narratives, and call outs).</p> <ul style="list-style-type: none"> Attested Income: For a paper renewal, the individual's attested earned income is the income that is listed on the renewal form or a recent attestation from the HH. See the Medicaid Income Handling Guide for further information on verification of income. <ul style="list-style-type: none"> <i>Examples of recent attestation include:</i> attestation from recent applications (MLTC or EA), attestation given to EA or attestation via a phone call to the HH in which they attest to the most recent SEW wages or an updated pay schedule.

**Cont. - Earned
Income:**

VCI/TALX INTERFACE:

- Submit a **VCI/TALX** request for all individuals in the household age 14 and older.
 - From the Detail Master Case window, select the Actions drop down menu, then select *Verify Current Income*. Highlight the individual(s) whose income needs verified. Once highlighted, select the *Submit to Income Verification* button.
 - If the VCI/TALX request **provides income information** for individuals in the household age 14 and older, update the pay schedule and paystubs from VCI/TALX in the Earned Income module in the Expert system and proceed to verifying unearned income and resources.
 - Regular income must be verified using one (1) month's income at a minimum.
 - Irregular income must be verified using the three (3) most recent months, if available.
 - If the VCI/TALX request **indicates Employment Information Not Found** proceed to verifying income using the SEW Interface.
 - If there are any previous deductions being used in the budget, the VCI/TALX interface will not account for or verify these. See the [Allowable Deductions/Expenses](#) section of this guide below for further steps.

SEW INTERFACE:

- Any employment or income information that is returned from SEW that **has not** been attested to can only be considered as a lead and requires additional follow up before it can be used in Medicaid budgeting.
- Review SEW to determine if the most recent attested income is Reasonably Compatible. See the [WINK-ed Income Handling Part I](#) for further information on reasonable compatibility.
 - If income is reasonably compatible, proceed to verifying unearned income and resources. Remember to mark the "Verified by SEW" box when running the budget. Staff do **NOT** need to change the verification source of the income to "Unverified" when using SEW.
 - If income is not reasonably compatible:
 - Attempt a call out to the individual. Determine if the individual will agree to the information provided by the data source or provide updated information to use as an attestation (e.g., pay raise, increase in hours, etc.).
 - If you are able to contact the individual and confirm the income, proceed to verifying unearned income and resources.
 - If you are not able to contact the individual, proceed to paper verifications.
 - If there are previous deductions being used in the budget, the SEW interface will not account for or verify these. See the [Allowable Deductions/Expenses](#) section of this guide below for further steps.

<p>Cont. - Earned Income:</p>	<p>PAPER VERIFICATION:</p> <ul style="list-style-type: none"> • Paper verification should only be used if income is unable to be verified using electronic interfaces. Paper verification methods include: <ul style="list-style-type: none"> ○ Information available in Document Imaging or able to be obtained by calling out to the employer or HH (e.g., an EIV/TEV form, paystubs, or a tax return/self-employment ledgers). ○ Information able to be obtained by calling out to the employer or calling out to the HH and verifying against interface information. ○ Narrative information entered and verified from both MLTC and EA. • If current verification is on file or able to be obtained through a call out, update information (e.g., pay schedule) in the Expert system and proceed to verifying unearned income and resources. • If current verification is not on file or able to be obtained through a call out, send a VR for the information and any other verifications required (e.g., unearned income or resource information below). Monitor alerts until eligibility can be determined.
<p>Self-Employment:</p>	<p>Review the renewal form for an attestation of self-employment income and attempt to verify the individual's attestation.</p> <ul style="list-style-type: none"> • Attested Income: For a paper renewal, the attested self-employment income is the income that is listed on the renewal form or a recent attestation from the individual. • The income hierarchy should be followed prior to sending a VR. This may include: <ul style="list-style-type: none"> ○ Reviewing Document Imaging (DI) and narratives (both MLTC and EA) for recent verification of income. ○ Completing a call out to the HH: <ul style="list-style-type: none"> ▪ If the self-employment was previously verified using the individual's tax return, the individual should be contacted to see if a new tax return has been filed since the previous renewal: <ul style="list-style-type: none"> ○ If no, ask the individual if the current income tax return is reflective. If declared reflective, update the verification source as needed and process the renewal using the tax return on file. ○ If yes, or the previous tax return on file is not declared reflective, attempt to complete SE ledgers with the individual over the phone. If unable to complete ledgers, send a VR for a copy of the new tax return or updated ledgers. ▪ If the self-employment was previously verified using ledgers, attempt to complete current ledgers with the individual and complete the renewal. If you are unable to reach them or complete updated ledgers, send a VR.

<p>Unearned Income:</p>	<p>Review renewal form for attestation of any unearned income (e.g., Social Security or interest income) and compare to electronic interfaces and/or information on file. See the Interfaces WINK-ed for further information.</p> <ul style="list-style-type: none"> • Attested Income: For a paper renewal, the individual's attested unearned income is the income that is listed on the renewal form or attested to by the individual. <p>ELECTRONIC INTERFACES:</p> <ul style="list-style-type: none"> • SDX & BDE Interfaces: Check the SDX and BDE interfaces for current pay SSI or social security status. Social Security should usually interface over into the Expert system. <ul style="list-style-type: none"> ○ If a file exists, review current address to ensure the individual remains a Nebraska resident. If the address in the interface matches a previous address in NFOCUS, the individual will need to be informed they should update their address with SSA to avoid any future interruptions in Social Security and Medicaid benefits. If SDX or BDE show an out of state address, the case must be reviewed for potential closure. See the SDX Guide and BDE Guide for further information about address mismatches and out of state addresses. ○ <u>Review the ABD or HHA Process Flow to determine if the individual's income makes them eligible for HHA/MAGI Expansion or if they should remain in Non-MAGI.</u> • AVS: Check the AVS results to determine if there is any unearned income (e.g., interest) reported. <ul style="list-style-type: none"> ○ Update current amounts in Expert for any unearned income sources reporting. <p>PAPER VERIFICATION:</p> <ul style="list-style-type: none"> • Paper verification should only be used if unearned income is unable to be verified using electronic interfaces. Paper verification methods include: <ul style="list-style-type: none"> ○ Information available in Document Imaging or able to be obtained by calling out to the financial institution (e.g., SSA). ○ Narrative information entered and verified from both MLTC and EA. • If current verification is on file or able to be obtained through a call out, update information in the Expert system and proceed to verifying resources. • If current verification is not on file or able to be obtained through a call out, send a VR for the information and any other verifications required (e.g., earned income or resource information). Monitor alerts until eligibility can be determined.
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Resources:

- **Attested Resources:** For a paper renewal, attested resources are the resources listed to on the renewal form or attested to by the individual.
- Review for attestation of any resources (e.g., bank accounts, retirement/401k, countable automobiles, etc.) and compare to electronic interfaces (AVS, DMV) and/or information on file. See the [Medicaid Resource Verification Plan](#) for further information.
 - Effective 9/1/2023, attestation is accepted as verification for Direct Express, ReliaCard, and nursing home trust account balances. See [Policy Memo 23-10 Attestation of Balance for Certain Resources](#)
 - Other resources like Green Dot, NetSpend and Chime are considered online only bank accounts and require further verification. Attestation is **not** accepted for these accounts.
 - Effective 9/1/2023, DMV must only be reviewed by staff if the individual is attesting to owning a classic car, boat/watercraft, plane/aircraft or recreational vehicle. All other vehicle types will **not** be counted in Medicaid budgeting and do not require verification. See [Policy Memo 23-12 Resource Exclusion of Certain Vehicles](#) for further information.

ELECTRONIC SOURCES:

- Review AVS to determine if a request was sent by the system.
 - If an AVS request was sent by NFOCUS, review details and update in NFOCUS utilizing the [AVS Procedural Guide](#).
 - If an AVS request was not sent by NFOCUS:
 - If AVS consent is on file (see [Using the AVS Consent Window in NFOCUS](#)) update the consent window in NFOCUS and submit a new AVS request. Follow the [AVS Procedural Guide](#).
 - If AVS consent is not on file, attempt a call out to the beneficiary utilizing the Consent Line by following the [MLTC Consent Line Process Guide](#).
 - If call out is successful, update AVS consent (see [Using the AVS Consent Window in NFOCUS](#)) and submit a new AVS request. Follow the [AVS Procedural Guide](#).
 - If call out is not successful, AVS consent must be obtained. Send VR to HH for consent along with other information needed (e.g., verification of resources that are not verified by AVS).

PAPER VERIFICATION:

- Paper verification should only be used if AVS consent is on file and resources are unable to be verified using electronic sources (e.g., AVS). Be sure the full AVS cycle has run prior to using paper verifications, unless an AVS exception exists per [Expedited AVS Process Reasons](#). Paper verification methods include:

Cont. - Resources:	<ul style="list-style-type: none"> ○ Information available in Document Imaging (DI) or previously sent in by the individual. ○ Information able to be obtained by calling out to the individual and the financial institution (e.g., bank, VA). ○ Narrative information entered and verified from both MLTC and EA. ● If current resources are verified, on file, or able to be verified through a phone call, update information in the Expert system and proceed with budgeting. ● If resources are not on file or able to be verified through a phone call, send a VR for the information and any other verifications required (e.g., earned, or unearned income information). Monitor alerts until eligibility can be determined.
Allowable Deductions/Expenses and TPL:	<ul style="list-style-type: none"> ● The current available electronic data sources may not verify deductions/expenses. <ul style="list-style-type: none"> ○ <u>Review document imaging to determine if the HH has provided paystubs or verification of current deductions. Call outs may also be made to the employer or institution to obtain updated deductions amounts. If obtained, update and include deductions in budget.</u> ● <u>If verification is unsuccessful</u>, renewal determinations should be made without verification of an allowable deduction/expense IF the individual is eligible for the same amount, duration and scope of benefits without using it. <ul style="list-style-type: none"> ○ If the beneficiary is eligible for the same amount, duration, and scope of benefits without the deduction/expense: <ul style="list-style-type: none"> ▪ The renewal is successfully complete. Close the deduction/expense the month prior to the month when the renewal is due and run the budget. <ul style="list-style-type: none"> i. Example: If the renewal is due May 31, 2023, close the deduction/expense for the month of April 2023 and complete the renewal. ▪ Add a comment to the Renewal Notice of Action advising the deduction/expense was not used and if they wish for it to be included, verification is required. ○ If removing the deduction/expense results in ineligibility or a benefit change (e.g., a benefit category that does not provide the same amount, duration, and scope of benefits): <ul style="list-style-type: none"> ▪ The renewal has not been successfully completed. Back out of the budget and send a Renewal Form and VR for the deduction/expense information and any other information needed on the case (e.g., income or Tax HH information). Monitor alerts until eligibility can be determined. <ul style="list-style-type: none"> i. If the VR and Renewal Form is received with ALL requested information: <ul style="list-style-type: none"> a. Proceed in running the budget and completing the renewal. ii. If the VR is not received and the VR Due alert is received (do not take any actions until the VR Due alert is received):

<p>Cont. - Allowable Deductions/Expenses and TPL:</p>	<ol style="list-style-type: none"> a. If the VR included any other information necessary to complete the renewal (e.g., income or Tax HH) and this information or the Renewal Form is not received, then close for the applicable reason. b. If the VR is only missing verification of deductions or expenses and everything else has been provided, including the Renewal Form: <ol style="list-style-type: none"> i. DO NOT CLOSE for <i>Failed to Provide Information</i>, close the deduction/expense. ii. Process the renewal without the deduction/expense, even if it results in a benefit change (change that does not provide the same amount, duration, and scope of benefits) or ineligibility. iii. Add a comment to the Renewal Notice of Action advising the deduction/expense was not used and if they wish for it to be included, verification is required. <p>ELECTRONIC INTERFACES:</p> <ul style="list-style-type: none"> • CMS Interface: Check the CMS > Part D Enrollment interface to determine if there is a Medicare Part C plan listed that would need to be entered into C1, unless eligible for buy-in only. <ul style="list-style-type: none"> ○ Compare the information found in the CMS interface with the current Medicare Part D Chart (Medicaid Policy Log > CH 22 – Income for Non-MAGI Programs > Income Deductions). ○ If Part D plan does not show on standalone chart, review to determine if information about the policy has been received (listed on application/renewal, in document imaging, narrative, etc.). <ul style="list-style-type: none"> ▪ Attempt a call out to the client or representative to obtain the policy information/member ID number. ▪ If call out is unsuccessful, send a VR to request information to enter into C1 (e.g., request individual call in or submit change report with policy information/member ID number or provide a copy of the front/back of the card). <p>PAPER VERIFICATION:</p> <ul style="list-style-type: none"> • Document Imaging (DI): Review recent insurance or bank statements received in DI for verification of insurance coverage and premiums. <ul style="list-style-type: none"> ○ If documentation on file verifies payment to an insurer (or the amount to be billed) for an attested TPL premium, update Expert. Review to determine if TPL policy has been entered in C1 and take action, including sending a VR, if needed. ○ If documentation on file does not verify payment to an insurer for an attested TPL premium, or if the statement reflects potential TPL that has not been attested to, additional information is needed.
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Cont. - Allowable Deductions/Expenses and TPL:	<ul style="list-style-type: none"> ▪ Attempt a call out to the client or representative to obtain attestation of current TPL policies and the associated premium amounts. <ul style="list-style-type: none"> iv. If it's attested there is a new TPL policy, obtain plan information/member ID number to add to C1. A three-way call out to the insurer or a VR is needed if this information is not provided. v. If it's attested that a known TPL policy has ended, send a VR for the date the policy terminated. vi. If the premium amount declared does not match the amount shown on documentation on file or has not otherwise been verified, send a VR to verify the current premium due. ▪ If call out is unsuccessful, send a VR to request information about unknown TPL policies and/or premium payments that were not verified by documents on file. <p>NOTE: TPL is a post-eligibility requirement, if we have everything else to determine eligibility we should do so and then send a VR.</p>
Alerts, WTs, and VRs:	<ul style="list-style-type: none"> • All information available on the case must be acted upon at the time of the renewal. Any open alerts and WTs must be addressed and cleared/closed. • Review for any unworked returned mail alerts, the address on the renewal form and review the BDE interface to confirm the household's address in NFOCUS is the most recent address. See the Returned Mail Process and the "Address Mismatch" sections of the SDX Guide and BDE Guide for additional information. • Review any open MLTC VRs and determine if action is needed: <ul style="list-style-type: none"> ○ If all information has been obtained or the information is no longer needed, close the VR. ○ If the individual is closed (e.g., <i>Failed to Provide Information</i>), VRs must remain open until all verifications are received OR the individual is required to reapply (90 days).
Processing the Budget:	<ul style="list-style-type: none"> • If the required verification is verified electronically, on file, or provided by the individual, process the budgets, and complete the renewal process. When processing the renewal, the budgets should be run through the month following the <u>individual's Expiry Date</u>. Adverse action must also be taken into account when determining which month to run the budget for. <ul style="list-style-type: none"> ○ <u>An individual will have a Budget Purpose of 'Change' in the month of the Expiry Date and a Budget Purpose of 'Renewal' in any month after their Expiry Date until the renewal is processed. If completing the renewal, staff MUST process the budget for any month after the Expiry Date in order for the system to automatically update the Expiry Date and send a renewal notice.</u> ○ There may be situations when the renewal is completed after the renewal due date; for those situations the worker must process the <u>next available month taking into consideration adverse action.</u>

<p><u>Cont. - Processing the Budget:</u></p>	<ul style="list-style-type: none"> • Determine which month to begin budgeting: <ul style="list-style-type: none"> ○ If there is no category change, budgeting would begin the month following Review Due date. <i>Example:</i> The Review Due date is October 31st. Action is being taken October 25th to complete the renewal budget and the individual remains eligible in the same category. The budget should be processed for November. ○ If there is a category change <u>or the individual is no longer eligible (e.g., over income or resources)</u>, budgeting is determined based on adverse action/noticing requirements. <i>Example 1:</i> The Review Due date is October 31st. Action is being taken September 15th to complete the renewal budgeting. Due to a change in circumstances, the family's category changes to TMA. As TMA requires adequate and timely notice, the budget should be processed for October through November. <i>Example 2:</i> <u>The Review Due date is May 31st. The renewal is overdue and action is being taken June 25th to complete the renewal. The individual is now over resource limits for all Medicaid categories. Due to adverse action and the need for timely and adequate notice, the budget should be processed and the individual closed for August.</u> • If the required information is not able to be verified electronically and cannot be verified through a VR, <u>review to determine if the individual is eligible in a MAGI category. See ABD or HHA Process Flow for further information.</u> <ul style="list-style-type: none"> ○ <u>If not eligible in a MAGI category, close the individuals, except for any CE individuals on the case (See the Continuous Eligibility Guide) for the applicable reason (e.g., <i>Failed to Provide / Case Review Not Completed</i>).</u> <ul style="list-style-type: none"> ▪ Staff must wait for the VR Due alert to be received prior to closing the case. ▪ Add comments to the NOA explaining what information is needed and advise that if information is submitted within 90 days from the date of closure, a new application is not required.
<p><u>Updating the Review Due Date:</u></p>	<ul style="list-style-type: none"> • <u>If the individual(s) have a Budget Purpose of 'Renewal' and remain eligible, the system will automatically update their Expiry Date forward 12 months from the existing Expiry Date.</u> <ul style="list-style-type: none"> ○ <u>Review to ensure the Expiry Date and/or Review Due date was updated correctly. Staff must not manually update the Review Due or Expiry Dates on the case, unless the system updated it to the incorrect date.</u> • <u>If the individual(s) are no longer eligible (e.g., Over Income), the system will not update their Expiry Date.</u> <ul style="list-style-type: none"> ○ <u>Staff must not manually update the Review Due or Expiry Dates as the individual is not eligible for a new eligibility period.</u>

<p>Generate a Renewal Notice of Action:</p>	<ul style="list-style-type: none"> • <u>When generating an NOA, review for accuracy of information, requirements and correct NAC language. If the NFOCUS generated NOA is not correct, it must be deleted and a generic NOA must be generated. See Medicaid Renewal Notice Language for more information.</u> • Generate a Renewal Notice of Action (NOA) to the individual(s) and any designated Administrative Roles. <ul style="list-style-type: none"> ○ If the individual(s) remain eligible, ensure the renewal language is on the NOA. ○ If the individual is ineligible, ensure the correct eligibility reason (e.g., Over Income/Resources) is on the NOA. <ul style="list-style-type: none"> ▪ <u>Renewal language must not be included on the Notice of Eligibility for the individual who is being closed. Renewal language will be on the notice if one or more HH members continue Medicaid coverage.</u> ▪ <u>If an aged, blind or disabled individual is ineligible due to income and a medical need exists determine if a Share of Cost (SOC) is appropriate.</u> <ol style="list-style-type: none"> 1. <u>477 NAC Chapter 25: Children, parents or caretaker relatives, pregnant women, and the aged, blind, and disabled who have income above the limit for categorical eligibility may be eligible for Medicaid with a share of cost if a medical need exists or can be reasonably expected to exist.</u> • If a Renewal NOA is returned to the agency with a signature from the client, the signed notice is treated as a change report. The worker will: <ul style="list-style-type: none"> ○ Attempt a call out to the client or authorized representative to identify the change that is being reported. <ul style="list-style-type: none"> ▪ If the call out is successful, update the case if necessary. ▪ If the attempted call out is unsuccessful send a VR. <ol style="list-style-type: none"> 1. If a response is received to the VR, update the case if necessary. 2. If no response is received to the VR, any non-CE individuals on the case (See the Continuous Eligibility Guide) would be closed for <i>Failed to Provide Information</i>.
<p>Narrate:</p>	<ul style="list-style-type: none"> • Narrate actions taken. <ul style="list-style-type: none"> ○ Include information that explains the actions taken in a way that others can follow the work completed. ○ Include any mandatory narratives (AVS template, for example). ○ If the case is assigned, close the assignment, if applicable. Some cases (e.g., LTC) must keep the assignment. ○ Include any known or suspected resource deprivation issues. Document the resource that was transferred, the date it was transferred, and any other known details about the transfer. This is required whether a penalty will be imposed or not. See the Deprivation of Resources Process Guide for additional information.

<p>Information provided within 90 days on denied/closed cases:</p>	<ul style="list-style-type: none"> • <u>If a case is closed during the renewal for <i>Failed to Provide Information</i> or <i>Case Review Not Completed</i> and information is provided, determine if it is within 90 days from case closure. See the <i>Renewals</i> section of Changes Reported During the 90 Day Redetermination Period for further information.</u> <ul style="list-style-type: none"> ○ If within 90 days and all information/verifications OR the renewal form is not present and the worker is still unable to process: <ul style="list-style-type: none"> ▪ Do not re-pend the case. Send a Speednote stating what information/verifications are still needed. ○ If within 90 days and all information/verifications AND the renewal form are present and the worker is able to process: <ul style="list-style-type: none"> ▪ Re-pend and process the same day. <ul style="list-style-type: none"> • <u>If eligible, the renewal is considered complete. Send a renewal notice. The system will update the Expiry Date; the worker must confirm this is updated to the correct date.</u> • <u>If ineligible, deny applicable months for the correct reason. Do not update the Review Due or Expiry Date. Send the closure notice.</u> ▪ <u>If there is a newly reported change when reopening (e.g., New Hire or Change Report alerts) and:</u> <ul style="list-style-type: none"> • <u>The new change can be verified, include information in the budget, as applicable.</u> <ul style="list-style-type: none"> ○ <u>The renewal is considered complete</u>. Send a renewal notice. The system will update the Expiry Date; the worker must confirm this is updated to the correct date. • <u>The new change cannot be verified, send a VR for the new information after reopening the case.</u> <ul style="list-style-type: none"> ○ <u>The renewal is NOT considered complete</u>. ○ <u>Staff must use the Delay Renewal button the individual(s) who are being reopened and for whom the renewal cannot be completed for. This will ensure the Expiry Date is not updated and a renewal notice is not sent for them. See the Flexible Budgeting Guide.</u>
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IF THE RENEWAL FORM IS NOT RETURNED:

An Alert/WT may be created when the renewal form is not returned (Alert #492 Renewal Form Not Received). If an alert/WT is not created, applicable action may be taken if the renewal form due date has passed and if the VR Due alert has been received (if a VR was sent along with the renewal form).

Eligibility must be determined for each INDIVIDUAL during the renewal process rather than at case level. See [Policy Memo 23-13 Renewal Requirements at the Individual Level](#).

- If the renewal form is not received by the due date, a review of the case is **REQUIRED** to determine who the renewal form was sent for and **only those individuals who the renewal form was sent for may be closed for not completing the renewal**. Household members who were previously determined eligible during the desk renewal must not be closed for failing to provide a renewal form.

Renewal Form not returned:	<ul style="list-style-type: none"> • Review to determine if the individual meets an exception and a Non-MAGI desk renewal can be completed: <ul style="list-style-type: none"> ○ If a renewal form was sent in error (e.g., income or resource information requested in the VR was available on the case at the time of the desk renewal attempt) a desk renewal must be attempted on the case. ○ See the applicable <i>Non-MAGI Desk Renewal Process</i> sections of this guide for steps to complete the renewal. • If the individual failed to return the renewal form and does not meet the exception listed above: <ul style="list-style-type: none"> ○ Close the individual using the applicable closure reason (<i>Failed to Provide Information</i> or <i>Case Review Not Completed</i>). <ul style="list-style-type: none"> ▪ If the renewal form or other information is required for all members of the HH, close the entire case using Case Actions in Expert. ▪ If the renewal form or other information is not required for all HH members, close ONLY the individuals who the renewal form was required for using Participant Actions in Expert. ▪ Reminder: Do not close any individuals who are continuously eligible (e.g., CP SSI). See the Continuous Eligibility Guide for further information. If the CE individual is the only person who remains eligible, see Updating the Review Date (CE and SSI Individuals) for further information. ○ Send a Notice. <ul style="list-style-type: none"> ▪ Add comments to the NOA explaining what information is needed and advise that if information is submitted within 90 days from the date of closure, a new application is not required. ○ Update the case mode to Processing, if necessary.
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SPOUSAL IMPOVERISHMENT (SIMP) RENEWALS

Renewals for SIMP will follow all processes outlined in the applicable Non-MAGI Desk Renewal or Non-MAGI Paper Renewal sections in this document. Additional information and/or verifications for SIMP cases may be required.

At the time of the **first Medicaid renewal after SIMP eligibility was determined**, any required interspousal transfers must be verified. See **477 NAC 26-003.02(D)** and [AVS Procedural Guide](#). Subsequent SIMP renewals will require verification of the community spouse's assets only if the Medicaid spouse has transferred assets to them (**477 NAC 26-003.02(D)**), or if there is a deprivation of resources suspected (**477 NAC 23-003.04(A)**). See the [Deprivation of Resources Process Guide](#) for additional information.

Resources:	<ul style="list-style-type: none"> Verify the resources of the Medicaid spouse and the community spouse, if applicable, per the AVS Procedural Guide and Medicaid Resource Verification Plan. Compare the Medicaid spouse's current resources to the IM-74 and determine if additional verification of interspousal transfers is required. If the Medicaid spouse transferred assets to the community spouse, verify the community spouse remained at or below their reserved amount at the time of the transfer. If the Medicaid spouse has assets greater than \$4000 in their name, they are ineligible. The case may be reopened without a new application if necessary transfers and/or a resource spend down are verified within 90 days of closure.
Living Arrangement:	<ul style="list-style-type: none"> Confirm the living arrangement of the Medicaid spouse as well as the community spouse to ensure SIMP budgeting continues to be appropriate.
Income:	<ul style="list-style-type: none"> Verify income of the <u>Medicaid spouse and the</u> community spouse and any dependent relatives whose needs are included in the budget and enter in Expert. If the community spouse does not wish to be considered for the allocated amount from the Medicaid spouse, income for community spouse and dependents does not need to be verified.
Shelter and Utility Expenses:	<ul style="list-style-type: none"> Verify current shelter and utility costs for the community spouse and enter in Expert. If unverified, these expenses will not be included in the budget. If community spouse does not wish to be considered for the allocated amount from the Medicaid spouse, shelter costs for community spouse and dependents does not need to be verified.
Health Insurance Premiums:	<ul style="list-style-type: none"> Verify health insurance plans for individual coverage. Only the premium expenses related to coverage of the Medicaid spouse should be entered in Expert in their name. Premium expenses for the community spouse and dependent relatives are entered separately if their eligibility for Medicaid is also being determined.

OVERDUE RENEWAL PROCESS

Alert #0525 Overdue Renewal may begin appearing for overdue cases on the 15th of the month after the review due date on cases where no review has been completed and/or the review date has not been updated (e.g., the alert will appear on 6/15/2023 for a review due 5/31/2023).

Review the steps below to determine the correct actions needed for the individual. If no alert/WT is generated and the worker identifies an individual that is overdue for renewal, these same steps apply.

<p>Determine if a renewal was previously completed:</p>	<ul style="list-style-type: none"> • If a renewal was previously completed, <u>confirm if the system updated the Expiry Date/Review Due date</u> and narrate the case actions. <ul style="list-style-type: none"> ○ <u>If the Expiry Date was not updated, the worker must manually update the Expiry Date to the correct date.</u> ○ If a renewal notice was not sent when the renewal was completed, a renewal notice needs be <u>manually created</u> by the worker. See Medicaid Renewal Notice Language for more information <p>Example: The Desk Renewal WT is completed on January 15th for a renewal due 2/28/2025. <u>The worker runs the budget for 02/2025; however, the Budget Purpose is ‘Change’ for this month so the Expiry Date wasn’t updated and a notice wasn’t sent. The next worker receives an overdue renewal alert on 5/20/2025. The worker must update the Expiry Date to 2/28/2026 and a renewal notice must be sent.</u></p> • If a renewal was not previously completed, move to the next step.
<p>Determine if the renewal was started but not completed:</p>	<ul style="list-style-type: none"> • If the renewal is still in process and the Renewal Form and VR Due dates have not passed, clear the Alert and narrate on the case that the renewal is still in process. <p>Example: The Desk Review alert was received on 2/1/2023 but not worked until 2/28/2023. A desk renewal was unable to be completed so a VR and Renewal Form were sent with a due date of 3/28/2023. The worker receives an overdue renewal alert on 3/20/2023 and determines the HH has failed to provide the information requested. However, as the renewal form and VR due dates have not passed and the HH has not been given 30 days to respond, no action is taken until the VR Due alert is received. Worker clears alert and narrates information on case.</p> • If the renewal process was started by the previous worker but was not finished, or not all information has been received, the case must be reviewed for any actions needed, including closure. Do not close any individuals who are considered CE.

	<p>Example: The Renewal Form Not Received alert was received on 9/1/2023. A desk renewal was unable to be completed so a VR and re-printed Renewal Form were sent with a due date of 10/15/2023. The worker receives an overdue renewal alert on 10/20/2023 and determines the HH has failed to provide the information requested and the VR due date has passed. Any individuals who were required to complete the renewal form should be closed for <i>Failed to Provide Information/Case Review Not Completed</i>.</p> <ul style="list-style-type: none"> • If a renewal was not previously started or the individual does not need to be closed, move to the next step.
Determine if a renewal needs to be started:	<ul style="list-style-type: none"> • If a renewal was not previously processed or started, attempt a desk renewal on the individuals in the case. <ul style="list-style-type: none"> ○ Non-MAGI Individual: <ul style="list-style-type: none"> ▪ See the applicable <i>Non-MAGI Desk Renewal</i> sections of this guide for further procedural steps. ○ Combined Cases: <ul style="list-style-type: none"> ▪ For Non-MAGI individuals, see the applicable <i>Non-MAGI Desk Renewal Process</i> sections of this guide for further procedural steps. ▪ For MAGI individuals, see the <i>MAGI Desk Renewal Process</i> section of the MAGI Renewal Process Guide for further procedural steps.