
CERTIFICATION AND AUTHORIZATION

**MA-3425 - CERTIFICATION AND AUTHORIZATION
REVISED 10/1/05 – CHANGE NO. 20-05**

I. POLICY RULES

A. Certification Periods

1. A certification period (c.p.) is a period of time for which eligibility is determined. In cases with deductibles, the deductible is determined for the entire c.p. of six months.
2. When the c.p. ends, eligibility is redetermined for a new c.p., or the case is terminated.
3. During the c.p. for MAF Medically Needy cases all eligibility factors must be met, except:
 - a. Income: Excess income may be reduced by incurred medical expenses or meeting a deductible. See [MA-3315](#), Medicaid Deductible.
 - b. Reserve: For prospective c.p.'s, excess reserve may be reduced to allowable limits during the 45 day application processing time. Refer to [MA-3320](#), Resources.

NOTE: Refer to [MA-3320](#), Resources, for instructions on rebutting property value. Also, refer to [MA-3210](#), Verification Requirements for Applications and [MA-3215](#), Processing the Application, for procedures regarding the use of declarations.

4. During a c.p. for MAF-C, N, D or W, MPW, and MIC, all eligibility factors must be met.

B. Authorization

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

II. LENGTH OF CERTIFICATION PERIODS FOR CASES OTHER THAN MPW AND NEWBORN PROTECTION CASES (For MPW and newborn protection cases, see [III](#), below.)

A. Retroactive Period

1. A retroactive c.p. may be either 1, 2, or 3 months prior to the month of application. Refer to [MA-3220](#), Retroactive Coverage.
2. Eligibility for the retroactive period is determined separately from the ongoing period.

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B. Prospective Period (or Ongoing) Period

1. The prospective c.p. is 12 months for:
 - a. MIC (N) and NC Health Choice (MIC A, J, K, S, L).
 - b. Children in county custody who are eligible for IAS and HSF-N cases.
 - c. A/r's in long term care with only SSI income.
 - d. MAF-C cases which do not include an individual over 18.
 - e. MAF-D Medicaid Family Planning Waiver
2. The prospective c.p. is 6 months for:
 - a. All MAF-N, MAF-M, HSF-M, and
 - b. MAF-C cases which include a caretaker over age 18,
 - c. All cases in long-term care (ltc), except for a/r's who only receive SSI.
3. For families ineligible for Work First for a reason that does not affect Medicaid eligibility and who transfer to MAF-C, the c.p. is the remainder of the Work First payment review period. Refer to MA-3410, Terminations and Deletions.
4. Breast and Cervical Cancer (BCCM) certification period is for the length of BCCM treatment or no longer than 12 months.

C. Beginning Certification

1. Begin the c.p.:
 - a. Either 1, 2, or 3 months prior to the month of application for a retroactive c.p., or
 - b. The month of application for a prospective c.p.
2. For pre-need applications, the c.p. begins the month the categorical requirement of state residence is met. See V.B. below.
3. For terminated cases, see E. below.

D. Ending Certification

1. Certification ends on the last day of the month in which termination is effective, or the last day of the month in which death occurs.
2. Recompute a deductible for the c.p. if it is shortened because of death.

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

E. Overlapping C.P.'s

1. Denied or Withdrawn Applications

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

2. Terminated Cases

When an ongoing case is terminated and the individual reapplies, even if the case was not authorized, the retroactive or prospective c.p. can begin no earlier than the month following the month of termination. This may mean that other months in the original c.p. after the termination date may be included in a subsequent c.p.

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

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

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

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

III. LENGTH OF C.P.'S FOR MPW AND NEWBORN CASES

A. MPW

1. The c.p. begins the month all eligibility factors are met.
 - a. If the application is for both retroactive and prospective coverage, the c.p. begins with the earliest month that all eligibility factors are met.
 - b. If the application is for prospective coverage only, the c.p. begins with the month of application if all other eligibility factors are met.

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2. Authorize MPW cases on the first day of the month in which all eligibility factors are met, through the end of the c.p.
3. The c.p. ends on the last day of the month in which falls the 60th day of the post partum period.

B. Newborns - Refer to [MA-3230](#), Eligibility of Individuals Under 21.

The c.p. begins with the month of birth and ends the last day of the month the baby becomes one year old.

IV. SPECIAL SITUATIONS

A. Matching Assistance Units

1. To facilitate case management, the following individuals living in the same household may have the same c.p. even if they apply in different months:
 - a. Parent(s) and his child(ren) for whom the parent(s) has financial responsibility, or
 - b. Siblings, including half- and step-siblings, living with their financially responsible parent(s).
2. For applications, the c.p. of the applicant must end with that of the already eligible individual. To do this, make the applicant's and recipient's thru date for the CP the same. The applicant's "thru date" for the c.p. is the same as the recipient's. Matching c.p.'s does not remove requirement for 12 months continuous eligibility.
3. If at the next re-enrollment you discover assistance units that need to have the same c.p., change the "thru date" of the case being re-enrolled to agree with the "thru date" of the other case.

B. Separating Assistance Units That Have Previously Been Combined (See [MA-3305](#), MAF, MIC, HSF Budgeting)

1. Retain the original c.p. of the combined assistance units when separating the MAF assistance units, and
2. Recompute the budget for the separated assistance units as if they had been separate for the entire c.p.

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C. Deleting Individuals

1. To delete an individual from an existing MAF case in order to create a new MIC case:
 - a. Retain the c.p. of the original MAF case.
 - b. Treat the deletion as a change in situation to the MAF case.
 - c. Certify the MIC case beginning with the first of the month following the last month of MAF eligibility through the end of his 12-month continuous eligibility period.
2. To delete an individual from an existing MAF case in order to create a new MPW case:
 - a. Treat the deletion as a change in situation to the MAF case.
 - b. Begin the MPW c.p. with the 1st month of MPW coverage and end on the last day of the post partum period. See [III.A.](#), above.

V. PRE-NEED APPLICATIONS

REFER TO [MA-3205](#), Conducting a Face-to-Face Intake Interview

- A. Pre-need applications may be filed for persons who expect to meet the categorical requirements of state residence within the application processing period. Example: Will be a resident within 45 days after the application date.**
- B. The c.p. for a pre-need application begins the month the categorical eligibility requirement is met and continues for entire c.p.**

VI. REDETERMINATION/REVIEW

A redetermination of eligibility is required by [MA-3420](#), Re-Enrollment.

A. Recertify:

1. All cases except MPW for consecutive c.p.'s if all eligibility requirements continue to be met.

Before MPW can be terminated, a re-enrollment must be conducted to evaluate the woman for eligibility in all other Medicaid aid program/categories. See [MA-3410](#), Terminations and Deletions, and [MA-3420](#), Re-Enrollment.
2. All deductible cases in which the deductible was met in the previous c.p. or is expected to be met in the next c.p. if all other eligibility factors continue to be met.

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B. Propose termination:

1. If the individuals in the case are ineligible for Medicaid under all aid program/categories and NC Health Choice.
2. If an MAF-M or HSF-M case is terminated for failure to meet the deductible, refer to MA-3420, Re-Enrollment.

VII. AUTHORIZATION

A. Policy Rule

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

B. Procedures

1. Deductible Cases:
Authorize the day the deductible is met and through the last day of the c.p., provided all other eligibility factors are also met.
2. Cases With No Deductibles/No Excess Reserve/MPW/MIC:
Authorize the first day of the c.p. through the last day of the c.p.
3. Long-Term Care Cases:
LTC budgeting begins the month following the month of entry into LTC (See [MA-3325](#), Long-Term Care Budgeting).
 - a. There is no deductible for months of LTC budgeting. A patient monthly liability (PML) is assigned.
 - b. If all eligibility factors are met, authorization begins the first day of the first month of LTC budgeting.
4. For cases with excess reserve, authorize the day reserve is within allowable limits and all other eligibility factors are also met.
5. When there is both a deductible and excess reserve, and these are met on different dates, authorize on the later of the two days.

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C. Authorization in EIS

1. When all conditions of eligibility are met, notify a/r on the appropriate notice and refer to instructions in the [EIS Manual](#) for authorization procedures.
2. Follow instructions in EIS Manual regarding when authorization must be updated because of changes in situation.
3. Refer to [MA-3420](#), Re-Enrollment, for instructions in situations where the redetermination has not been completed timely or timely notice has not expired, to authorize benefits month by month.