

Service Chapter: Medicaid 510-03 and 510-05

Effective Date: May 1, 2025 - AMENDED

Overview

Defining that “Need” has been established when applying for Medicaid in ACA and Non ACA policy.

The manual letter is being amended after initial release to update #3 in each listed policy section.

Description of Changes

1. Need 510-05-35-35 Change

Aligning with Non-ACA manual and updating information for Need as it applies to Medicaid.

2. Need 510-03-35-35 Change

Aligning with ACA manual and updating information for Need as it applies to Medicaid.

Policy Section Updates

1. Need 510-05-35-35

(N.D.A.C. Section 75-02-02.1-11)

Need is a factor of eligibility. Need in this sense is not to be confused with the necessity for a particular medical service.

1. Need is established for individuals who are determined to be categorically needy, optionally categorically needy, or poverty level eligible.

2. For a medically needy individual, need is established when:

- a. ~~There is no client share (recipient liability); or~~ **The individual has applied for Medicaid.**
- b. ~~When the applicant or recipient has incurred or may incur medical expenses for which the applicant or recipient is responsible (after any third party payments) that equal or exceed the client share.~~ **There is no client share; or**
- c. **The individual has incurred or may incur medical expenses which the individual is responsible for after any third-party payments that equal or exceed client share.**

3. If an individual does not utilize Medicaid for ~~six seven~~ months, their eligibility **will end the following month** ~~be ended~~.

4. Individuals may request their Medicaid coverage be terminated in writing or verbally. A verbal request must be recorded in the case file narrative and reflected on the closing notice. Follow policy at 510-05-25-25 notice requirements to determine proper closing time frame.

2. Need 510-03-35-35

(N.D.A.C. Section 75-02-02.1-11)

Need is a factor of eligibility. Need in this sense is not to be confused with the necessity for a particular medical service.

1. Need is automatically established for individuals who are determined to be categorically needy eligible under ACA Medicaid.

2. For a medically needy individual, need is established when:

- a. ~~There is no client share (recipient liability); or~~ The individual has applied for Medicaid.
- b. ~~When the applicant or recipient has incurred or may incur medical expenses for which the applicant or recipient is responsible (after any third party payments) that equal or exceed the client share.~~ There is no client share; or
- c. The individual has incurred or may incur medical expenses which the individual is responsible for after any third-party payments that equal or exceed client share.

3. If an individual does not utilize Medicaid for ~~six~~ seven months, their eligibility ~~will end the following month~~ be ended.

4. Individuals may request their Medicaid coverage be terminated in writing or verbally. A verbal request must be recorded in the case file narrative and reflected on the closing notice. Follow policy at 510-03-25-25 notice requirements to determine proper closing time frame.