

Par.1. **Material Transmitted and Purpose** – Transmitted with this Manual Letter are changes to Service Chapter 510

Par. 2. **Effective Date** – Changes included in this manual letter are effective on or after February 1, 2024 unless otherwise indicated.

510-03-35-35 and 510-05-35-35

1. The **Need** section in both the ACA and Non-ACA policy manuals has been updated with an important change. **Workers will not be required to reach out to individuals to determine need. Need can be considered established.** The client will still have the choice of requesting their coverage end.

Need 510-03-35-35

1. Need is automatically established for individuals who are determined to be categorically needy eligible under ACA Medicaid
2. For a medically needy applicant or recipient, need is established when:
 - a. There is no client share (recipient liability); or
 - b. When the applicant or recipient has incurred or will incur medical expenses for which the applicant or recipient is responsible (after any third party payments) that equal or exceed the client share.
3. ~~If an individual does not utilize Medicaid for seven months, their eligibility will be ended. there is no need, there is no eligibility, and the application must be denied or the case must be closed.~~
4. ~~When financially eligible i Individuals (individuals listed above in #1 or those in #2 with no client share) are not utilizing the program, assistance may be terminated if may request their Medicaid coverage be terminated in writing or verbally. a written request is obtained from the recipient. An oral A verbal request will also suffice if must be recorded in the case file narrative and reflected on the closing notice., which must be~~

~~mailed to the recipient. Follow policy at 510-03-25-25 notice requirements to determine proper closing timeframe.~~

Need 510-05-35-35

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 applicant or recipient, need is established when:
 - a. ~~There is no client share (recipient liability);~~ or
 - b. ~~When the applicant or recipient has incurred or will incur~~ medical expenses for which the applicant or recipient is responsible (after any third party payments) that equal or exceed the client share.
3. ~~If an individual does not utilize Medicaid for seven months, their eligibility will be ended. there is no need, there is no eligibility, and the application must be denied or the case must be closed.~~
4. ~~When financially eligible i~~ Individuals (individuals in subsection 1 or those in subsection 2 with no client share) are not utilizing the program, assistance may be terminated if may request their Medicaid coverage be terminated in writing or verbally. a written request is obtained from the recipient. An oral- A verbal request will also suffice if must be recorded in the case file narrative and reflected on the closing notice, ~~which must be mailed to the recipient.~~

Follow policy at 510-05-25-25 notice requirements to determine proper closing timeframe.