

WSC ADVISORY #2019-004
MEDICAID RETROACTIVE ELIGIBILITY

NO ACTION REQUIRED

EFFECTIVE DATE: JANUARY 22, 2019

The Agency for Healthcare Administration issued provider alerts to advise of the elimination of the three-month retroactive Medicaid eligibility period for adults effective February 1, 2019. Please review specific information from AHCA at the following links:

[Medicaid Retroactive Eligibility](#)

[FAQ on Reducing the Retroactive Eligibility Time Period](#)

As part of regular case management, Waiver Support Coordinators must check consumer's Medicaid eligibility, and notify providers if a consumer becomes ineligible for Medicaid. Please encourage consumers, legal representatives, families, and providers to always pay attention to any notifications they receive regarding Medicaid and act on it. If a consumer on your caseload moves, the WSC needs to ensure that Social Security Administration is notified immediately of the change of address.

The Developmental Disabilities iBudget Waiver Handbook, Rule 59G-13.070, F.A.C., page 2-89-91 requires that WSCs, "Ensure that Medicaid eligibility is maintained by providing all necessary assistance to the recipient to maintain Medicaid benefits as a part of the support plan. With the recipient's permission, the WSC must review the recipient's personal funds to determine if funds are properly accounted for and are not in excess of the Medicaid asset limit. Notify other providers and the APD regional office when it is determined that a recipient becomes ineligible for Medicaid. The WSC will work with providers and the APD regional office to plan for alternative funding sources."

It is the responsibility of the Waiver Support Coordinator to assist your consumers' Medicaid applications as soon as the Waiver Support Coordinator becomes aware of the need. Under the new requirements, the application will be retroactively approved to the first month in which the application was submitted.