I. INTRODUCTION

An individual who comes into the local agency seeking medical or financial assistance, must be given the opportunity to apply for Medicaid. If not, the local agency could be cited for discouragement.

A. An individual must not be discouraged from applying for assistance. Discouragement occurs any time a staff member of the local agency:

1. Suggests or requires that the individual wait to apply until other benefits such as VA and Social Security have been applied for, until a decision regarding the application for those other benefits has been made, or until written verification regarding the application for those other benefits has been obtained, or
2. Suggests that the individual make an appointment to apply when appearing at the agency, or
3. Suggests that the individual complete a mail-in application when he appears at the agency, or
4. Fails to explain how the date of application is determined for individuals who appear at the agency and voluntarily request a mail-in application, or
5. Fails to explain available Medicaid programs, or
6. Incorrectly states or suggests that the individual is ineligible for Medicaid, or
7. Gives materially incorrect or incomplete information about available Medicaid programs or options.

B. Discouragement can occur with or without a signed application. Discouragement with a signed application occurs when:

1. An individual signed an application but was not informed of and/or offered the greatest benefit for which they may have been eligible.
2. An individual is not informed of and/or offered retroactive Medicaid, or
3. An application is taken for ABD only or MQB when there is potential dual eligibility, or

4. An individual applies in a non-caretaker coverage group and is not informed of and/or offered assistance for the minor children.

C. If the individual claims they were discouraged from applying, the individual must provide proof of their claim, when supporting evidence in the agency is insufficient.

D. When discouragement occurs in the local agency, the local agency must re-assess the denial, withdrawal or inquiry and protect the original date of application for eligibility determination and processing time.