



Policy Directive 2019-06-01

Title: Failure to Provide – Natural Disaster

Date: June 19, 2019

From: Erin Kelley, Senior Policy Manager

Program(s) Impacted: All Medical Assistance Programs

The purpose of this document is to provide immediate guidance to eligibility staff concerning situations where an applicant/recipient fails to provide requested information when there is a natural disaster in the area where the individual resides.

When an applicant/recipient fails to timely provide requested information and the application is denied or coverage is discontinued, that action may be rescinded if the applicant/recipient later contacts the agency to report the failure was due to circumstances associated with a natural disaster. The explanation must be plausible, and the natural disaster must be known to the public in general.

For purposes of this directive, a natural disaster is defined as an event in nature which causes injury, damage, disruption, and/or loss of housing. This would include floods, hurricanes, tornadoes, earthquakes, blizzards, ice storms, and fires. Recent examples are the tornado that damaged many structures in Linwood, and the flooding that occurred in several counties within the state requiring residents to evacuate their homes. The disaster need not be officially declared by either the state or federal government to qualify under this directive.

In addition, other situations may be considered under this policy, such as an individual structure fire caused by smoking, faulty wiring or an unattended barbecue grill; frozen water pipes which burst due to loss of heat in the winter; the discovery of black mold in the residence requiring evacuation. If the incident results in loss of housing or relocation and can be confirmed through a newspaper account or similar source, this policy may apply. If it is an individual situation, confirmation from a secondary source such as a plumber, landlord, insurance claims agent, or mold remediation team could be used. Each situation shall be examined on a case-by-case basis.

Note: This policy directive is reactive, not proactive in nature. The applicant/recipient must contact the agency within the time frames described below citing the disaster as the reason the requested information was not timely provided. The agency is not obligated to unilaterally (i.e. without a request) extend the time to provide the requested information due to a known natural disaster. The extension request must still come from the applicant/recipient.

Effective with the issuance of this directive, eligibility staff shall adhere to the following process. Note that items (1) through (4) are not a change in existing policy. Items (5) through (7) are specific to this policy directive only and do not apply to any other situations.

1. Eligibility staff shall process the case action as usual by requesting the needed information, allowing 12 days to return the information.
2. If the applicant/recipient contacts the agency prior to the 13th day and requests additional time, the time shall be granted according to existing policy. See Policy Clarification 2017-03-03 ([Assisting the Consumer with Verification](#)), and Policy Clarification 2017-07-02 ([Additional Time to Provide Information](#)).
3. If the applicant/recipient fails to timely provide the requested information and has not contacted the agency to request an extension, the application shall be denied and/or coverage discontinued.
4. If the requested information is provided untimely but within 45 days of the application date, or by the 12th day following the date of the notice of adverse action, the original action may be rescinded and eligibility redetermined based on the information provided.
5. If the 45 day and/or 12 day redetermination window described in (4) above has closed, the applicant/recipient has an additional 30 days to contact the agency to request additional time to provide the requested information. If the request is based on a documented natural disaster (and the explanation seems plausible), the agency may grant a reasonable amount of additional time (not to exceed 20 days from the date of request) to provide the information. A request not based on a natural disaster or received more than 30 days after the redetermination window closes shall be denied.
6. If additional time is granted to provide the requested information per (5) above, the original case action shall be rescinded pending receipt of the information. If the information is provided timely, eligibility shall be redetermined back to the date of the original application or end of coverage. If the requested information is not provided timely, adverse action may be taken based on failure to provide.
7. Once adverse action has been taken as indicated in (6) above, and assuming the 45 day and 12 day redetermination time frames have expired, no additional time may be granted to rescind the adverse case action based on this policy directive. The applicant/recipient would be required to reapply for assistance by filing a new application.

Any decision to approve or deny an extension request to provide requested information based on a natural disaster shall be fully journaled and thoroughly documented in the case file, including imaging available newspaper accounts which reports the time, place and extent of the damaging event. Any other corroborating evidence shall also be imaged.

Note: Since the natural disaster may have caused a loss of housing or required the applicant/recipient to temporarily relocate, it is imperative that the agency obtain a good address (and telephone number if that has changed) for this individual. In addition, returned mail due to the natural disaster should be handled under the existing policy already in place.

For questions or concerns related to this directive, please contact one of the Medical Program Eligibility Policy staff below.

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