
RECEIVING MAIL-IN APPLICATIONS

MA-2302: RECEIVING MAIL-IN APPLICATIONS

ISSUED 10/01/05 – CHANGE NO. 26-05

I. INTRODUCTION

A Mail-In Application is defined as any application in which a face-to-face interview is not conducted by the Income Maintenance Caseworker. This includes applications that are mailed in by the individual or mailed in by another agency. It also includes applications that are picked up at the local DSS, completed by the individual and returned to the DSS without a face-to-face interview. Certain procedures must be followed when a mail-in application is received by the DSS. This section explains those procedures.

II. POLICY PRINCIPLES

All mail-in applications are:

- A. Entered on the [DMA-5105](#), Log for Adult Medicaid Mail-In Applications,**
- B. Screened to determine if they are complete. Refer to III. B.**
- C. Returned to the individual if it is not complete.**
- D. Reviewed with the individual during a mandatory telephone call to the individual or representative (within 2 work days) of receipt in the county DSS.**

III. PROCEDURES

A. Mail-in Application Log

If a county chooses not to use the DMA-5105, Log for Adult Medicaid Mail-In Applications, the county must establish a mail-in application log to register and track applications. Refer to [Figure 1](#), DMA-5105, Log for Adult Medicaid Mail-In Applications. The log must include, at a minimum, the following information:

1. Applicant's name
2. Address
3. Contact number (if available)
4. Date received in the agency
5. Source of the application (Aging Office or Mail-in)

RECEIVING MAIL-IN APPLICATIONS

ISSUED 10/1/05 – CHANGE NO. 26-05

(III.A.)

6. For applications determined to be incomplete, the reason the application is incomplete, the date returned to the client and the date received back from the client.
7. Assigned worker.

B. Screening the Application

Screen the [DMA-5000](#), Mail-In Application (Figure 4), for completeness. Do not accept faxed applications or applications received over the internet. This includes re-enrollment forms with new individuals.

1. Complete Application
 - a. A **complete application** is one that meets the following criteria:
 - (1) The information provided is legible.
 - (2) The application is submitted to the correct county of residence based upon the address provided.
 - (3) The application is signed by the individual applying or signed by his representative.
 - (4) The application includes:
 - (a) The name, date of birth and sex of the person applying.
 - (b) A mailing address.
 - b. If the application is complete, take the following actions within two workdays:
 - (1) Conduct a mandatory telephone call to the applicant or representative (within two work days) of receipt of the application at the county DSS.
 - (2) Document answers given by the applicant on the DMA-5000. If additional space is needed, use the DMA-5015, Adult Application Verification Checklist ([figure 3](#)).

RECEIVING MAIL-IN APPLICATIONS

ISSUED 10/1/05 – CHANGE NO. 26-05

(III.B.)

2. Incomplete Application

If any items in III.B.1.a. are missing, this is considered an **incomplete application**. Take the following actions within one workday:

- a. The county should attempt to contact the applicant by phone or mail to obtain the necessary information in order to register the application in EIS.
- b. If the application is not signed, return it to the individual along with a DMA-5104, Incomplete Letter, indicating that the application needs to be signed. See [Figure 2](#).
- c. If the application is incomplete because it is received in the wrong county, forward the application to the correct county of residence.
- d. If the application is incomplete for any of the reasons listed, including the application being illegible, treat the application as an inquiry. Refer to [MA-2301](#), Conducting a Face-to-Face Interview, for inquiry instructions.

C. Evaluating the Application for the Appropriate Medicaid Categories

1. The [MA-5000](#), Adult Mail-In Application, can be used as an application for any Medicaid category and for all individuals listed on the application. The individuals listed on the application must be evaluated for all Medicaid categories (including Family and Children categories).
2. If the information included on the application or your follow-up telephone interview indicates that the individual(s) should apply for Family and Children's Medicaid program:
 - a. Within one workday of receipt of the application, send the DMA-5000, Adult Mail-In Application, to the appropriate Medicaid unit within the agency.
 - b. Document the log that the application was sent to another unit.
 - c. The date of the Family and Children's Medicaid application is the date the complete DMA-5000, Adult Mail-In Application, was received in the agency.
 - d. Do not require the individual to sign another application.

RECEIVING MAIL-IN APPLICATIONS

ISSUED 10/1/05 – CHANGE NO. 26-05

(III.C.)

- e. Use the DMA-5000 or DMA-5063 to process the application for the adult or child or both in the most appropriate Medicaid category.

D. Date of Application

1. The date of a mail-in application is the date that a complete application is received in the agency or the information is finally received from the applicant or representative. Always date stamp the date the application and other information for processing the application is received in the agency.
2. If the county receives the [DMA-5000](#) and it is incomplete and the missing information can be gained through a phone call, the county will gather the missing information during the mandatory follow-up call. In this situation, the date of application is the date the DMA-5000 is first received in the agency.

E. Missing Information

If the complete application is received, has missing information and:

1. The individual does not have a contact number or representative listed on the application:
 - a. Send a [DMA-5097](#), Request for Information, with an appointment date and time for the a/r to call you.
 - b. Indicate on the DMA-5097 what information is missing.
2. The a/r does not contact you by the appointment date on the DMA-5097:
 - a. Send another DMA-5097 with a second appointment date and time.
 - b. Indicate on the DMA-5097, that if he does not contact you by this date you will deny the application.
 - c. After two DMA-5097's, Request for Information, have been sent, deny the application. Follow procedures in MA-2304, Processing the Application.

F. Entering the Application into the Eligibility Information System

Key the completed application into EIS within three workdays.

RECEIVING MAIL-IN APPLICATIONS

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(III.)

G. MAD-90 Applications

1. During the mandatory follow-up call, complete the [DMA-4037](#), Disability Determination Transmittal, [DMA-5009](#), Social History Summary for the Disabled and [DMA-5028](#), Authorization to Disclose Information.
2. Send the DMA-5028, Authorization to Disclose Information, to the applicant for his signature along with a DMA-5097, Request for Information.
3. Within one workday of receipt of the signed [DMA-5028, Authorization to Disclose Information](#), submit it along with the [DMA-4037, Disability Determination Transmittal](#) and [DMA-5009, Social History Summary](#) for the Disabled, to DDS. **For HCWD cases use the DDS referral form [DMA-4037A, HCWD Disability Determination Transmittal](#) along with the signed [DMA-5028](#).**
4. If you do not receive the DMA-5028, Authorization to Disclose Information, from the applicant, send a DMA-5097, Request for Information, with an appointment date and time for the a/r to call you. Indicate on the DMA-5097 what information is missing.