1915(i) Policy

Eligibility 510-08-30

Eligibility for the 1915(i) Medicaid State Plan Amendment (hereafter referred to as "1915(i) SPA") shall be determined through an independent evaluation of each applicant. The State Medicaid Agency (hereafter referred to as "State") has delegated authority to conduct the required eligibility evaluations and redeterminations to the Human Service Zones (hereafter referred to as "Zone"). Qualified Zone eligibility workers will determine eligibility for the 1915(i) SPA.

The process for determining an applicant's 1915(i) eligibility for those on Medicaid Expansion is identical to those on Traditional Medicaid and is also completed through the Zones.

1915(i) applicants must currently be enrolled in Traditional Medicaid or Medicaid Expansion and have a household income at or below 150% of the Federal Poverty Level. Applicants residing in an institution or enrolled in the Program of All-Inclusive Care for the Elderly (PACE) are not eligible for the 1915(i). Applicants should not proceed with 1915(i) eligibility unless these initial criteria are met.

Individuals enrolled in Medicaid wishing to apply for 1915(i) benefits under this chapter must have the opportunity to do so, without delay. There is no limit on the number of eligible individuals allowed to access services through the 1915(i).

A request for eligibility determination is made to the Zone by either the applicant or by "an individual properly seeking services" on behalf of the applicant. "An individual properly seeking services" means an individual of sufficient maturity and understanding to act responsibly on behalf of the applicant for whom services are sought. "An individual properly seeking services" may be the applicant's parent or legal guardian

An alternate contact is a person, other than the Medicaid member or the parent/legal guardian, identified to assist with any questions relating to the application such as a family member, friend, someone assisting with completion of the eligibility application, or someone who knows their situation.

The applicant, and their parent/legal guardian if applicable, must be in agreement to apply for 1915(i) services and must participate in the eligibility process.

Except in the case of the Community Transition Service, the authorization of services cannot begin before the date the Zone determines the applicant eligible for the 1915(i) SPA.

Eligibility Criteria

An applicant is eligible for the 1915(i) SPA if all of the following criteria are met:

1. **Age** - All ages are eligible for the 1915(i). Each service has specific age criteria.

2. **Enrolled in Traditional Medicaid or Medicaid Expansion -** A 1915(i) applicant must be enrolled in Traditional Medicaid or Medicaid Expansion prior to applying for the 1915(i) SPA.

3. **Household income is at or below 150% of the Federal Poverty Level -** The Zones will follow Medicaid policy in relation to applicant income, household size, and poverty level. A Federal Poverty Level Table can be viewed on the 1915(i) website. (The 1915(i) eligibility approval letter informs the eligible 1915(i) member they are responsible to report all future income exceeding 150% federal poverty level to the 1915(i) Zone Eligibility Worker.) Children in Subsidized Adoption are categorically eligible for Medicaid, so the sub-adopt parents' income is not considered when determining the Federal Poverty Level for purposes of 1915(i) eligibility. The sub-adopt child's income must be at or below 150% of the Federal Poverty Level to be eligible for the 1915(i). If the member's categorically needy Medicaid eligibility status changes, then the Medicaid eligibility worker would follow Medicaid policy based on whatever the change of status is.

4. **Qualified Behavioral Health Diagnosis -** The State elected to target the 1915(i) SPA to a specific population based on diagnosis. Applicants must possess one or more of the qualified ICD-10 diagnoses approved for 1915(i) eligibility. The list of approved diagnoses is attached to the SFN 741 and can also be found on the 1915(i) website.

5. **WHODAS 2.0 overall complex score of 25 or higher –** Applicants must meet the following needs-based criteria: *Have an impairment which substantially interferes with or substantially limits the ability to function in the family, school, or community setting as evidenced by a complex score of 25 or higher on the World Health Organization Disability Assessment Schedule (hereafter referred to as "WHODAS") 2.0 assessment.*

At any point an applicant does not meet one of the 1915(i) eligibility criteria, they are not eligible. If an applicant is not enrolled in Medicaid or does not meet the household income requirement, then a diagnosis and WHODAS assessment need not be obtained, as the applicant would not be eligible for the 1915(i).

SFN 741 1915(i) Eligibility Application

Applicants must be enrolled in Traditional Medicaid or Medicaid Expansion prior to beginning the 1915(i) eligibility determination process. If a 1915(i) application is received for an applicant not yet eligible for Medicaid, the Zone 1915(i) Eligibility Worker shall assist the applicant with being screened for Medicaid eligibility.

For individuals enrolled in Medicaid with a household income of 150% of the Federal Poverty Level or below, the first step in the 1915(i) eligibility process is to have the SFN 741 1915(i) Eligibility Application (hereafter referred to as "SFN 741") completed. The SFN 741 collects the applicant's diagnosis and WHODAS scores required for eligibility determination. The completed application serves as the official application or referral to request the Zone evaluate for 1915(i) eligibility. The applicant, or individual properly seeking services on their behalf, may request an eligibility determination from any Zone location.

The applicant, or individual properly seeking services on their behalf, may obtain the SFN 741 on the 1915(i) website, the state form section of the State's website, or by contacting the Human Service Zone to request the application.

It is the responsibility of the applicant, or the individual properly seeking services on their behalf, to provide the 1915(i) Zone Eligibility Worker with the fully completed SFN 741.

Incomplete Eligibility Information

If a Medicaid enrolled 1915(i) applicant, or individual properly seeking services on their behalf, has provided the Zone with incomplete eligibility information, the Zone will enter the information provided into the web system and place the application in pending status (see "Zone Input into the 1915(i) Web System" section below). If no WHODAS or improper WHODAS information is received, the Zone is responsible to administer the WHODAS if necessary to ensure the client's eligibility isn't delayed. The 1915(i) Zone Eligibility Worker will inform the applicant of what information is needed and provide instruction how they would obtain it in a letter drafted by the Zone. The letter is to be uploaded into the 1915(i) Web System. If the required information is not received within 30 days from the date of the letter, then the Zone will formally deny eligibility in the 1915(i) Web System and send a denial letter to the applicant. Should an individual wish to re-apply after their application has been denied, a new application will need to be completed and submitted to the Zone.

The Diagnosis Section of the SFN 741

It is the responsibility of the applicant, or individual properly seeking services on behalf of the applicant, to provide the 1915(i) Zone Eligibility Worker with proof of diagnosis. The diagnosis section of the SFN 741 must be completed and signed by the diagnosing professional providing the applicant's diagnosis; or, a printout of the individual's official medical record verifying the diagnosis may be attached to the application. The printout must be dated within the prior year from the date of application submission.

The Zone will not verify the diagnosing professional's credentials; however, if fraud or abuse is suspected, report findings to the State.

WHODAS Section of the SFN 741

The WHODAS section of the SFN 741 must be completed by a "independent and qualified" WHODAS administrator.

It is the responsibility of the applicant, or individual properly seeking services on behalf of the applicant, to provide the 1915(i) Zone Eligibility Worker with the required WHODAS scores using the completed SFN 741 signed by the WHODAS administrator. The SFN 741 must contain the WHODAS 2.0 assessment and scoring information; and name, contact information, verification of independent, trained, and qualified status, and signature of the WHODAS administrator. The WHODAS 2.0 assessment and 1915(i) score

sheet must accompany the SFN 741. A printout of the individual's Human Service Center Electronic Health Record containing the WHODAS scores may be attached to the SFN 741 as a substitute for the required 1915(i) score sheet.

The applicant, or individual properly seeking services on behalf of the applicant, will contact a WHODAS administrator to request a WHODAS assessment be administered and the WHODAS section of the SFN 741 be completed on their behalf. The only acceptable administration methods are "Interview" and "Proxy". They may make the request to the identified WHODAS administrator at the Zone or any other "independent and qualified" WHODAS administrator. If an improperly administered or an incomplete WHODAS is received, the Zone is responsible to administer a new one if necessary to ensure the client's eligibility isn't delayed.

The WHODAS must be completed within 90 calendar days prior to the date of the initial eligibility application submission; and within 90 calendar days prior to the date of each subsequent eligibility redetermination application submission.

See the WHODAS trainings on the 1915(i) website and policy for details on WHODAS administration and scoring.

Verification of Applicant's Agreement to Apply

The applicant, and parent/legal guardian if applicable, will sign and date the completed SFN 741 and provide it to the Zone via mail, e-mail, fax, or in person. The signature indicates agreement with applying for the 1915(i); their willingness to provide information sufficient to establish eligibility for benefits including a name, ND Medicaid number, date of birth, identity, address, and other information required under this chapter; and acknowledgment that Department email communications are unencrypted (unsecure) and privacy and security of email cannot be guaranteed.

The SFN 741 advises the applicant, and parent/legal guardian if applicable, there is risk that any protected health information (PHI) contained in an email may be misdirected, disclosed to, or intercepted by an unauthorized recipient. The applicant, and parent/legal guardian if applicable, should not agree to email communications unless they are willing to accept these risks. The Department is not liable for emails that are not received due to technical failure or for improper disclosures of PHI that are not a result of our

negligence. The Department is not responsible for any fees imposed by an email service provider. Email communications may be included in your department record.

Zone Eligibility Determination

Upon receipt of the fully completed SFN 741, the 1915(i) Zone Eligibility Worker will date receipt of the completed SFN 741 and determine eligibility within five (5) business days. The Zone will send an eligibility approval or denial letter to the applicant containing information on the individual's rights, including their right to appeal the eligibility decision.

The 1915(i) Eligibility Worker will provide eligible applicants with the "Member Rights and Responsibilities" form and "Fact Sheet for Individuals Deemed Eligible", found on the 1915(i) website, providing information on the services available through the 1915(i) and informing them of their next steps to accessing 1915(i) services.

The Zone will provide eligible applicants with contact information for the enrolled 1915(i) Care Coordination agencies in their area from the 1915(i) Provider List, found on the 1915(i) website, and inform them it is their responsibility to contact the Care Coordination agency of their choice to begin the person-centered planning process.

1915(i) Eligibility Redeterminations

The Zone 1915(i) Eligibility Worker conducts the 1915(i) annual eligibility redetermination. At a minimum, 1915(i) eligibility redeterminations must be completed annually. The annual eligibility redetermination shall take place 30 days or less before the 1915(i) review date. As with the initial eligibility determination, redeterminations must be completed within five (5) business days from receipt of the completed SFN 741.

The process for the eligibility redetermination is the same as the initial eligibility determination, as described above.

The individual seeking to maintain their 1915(i) enrollment, or the individual properly assisting the individual to maintain their enrollment, and the individual's Care Coordinator, are responsible for providing the Zone 1915(i) Eligibility Worker with the completed SFN 741.

The individual's current diagnosis is needed for the eligibility redetermination. The diagnosis section of the SFN 741 must be completed and signed by the diagnosing professional providing the applicant's diagnosis; or, a printout of the individual's official medical record verifying the diagnosis may be attached to the SFN 741. The printout must be dated within the prior year from the date of application submission.

A new WHODAS assessment completed within the prior 90 days is required for 1915(i) redeterminations. The SFN 741 must contain the WHODAS 2.0 assessment and scoring information; name, contact information, verification of independent, trained, and qualified status; and signature of the WHODAS administrator. The WHODAS 2.0 assessment and 1915(i) score sheet must accompany the SFN 741. A printout of the individual's Human Service Center Electronic Health Record containing the WHODAS scores may be attached to the SFN 741 as a substitute for the required 1915(i) score sheet.

The Zones will also conduct early redeterminations when requested. The State, Care Coordinator, or the eligible 1915(i) individual or parent/guardian may request a redetermination prior to the annual timeframe if the individual's needs change or a change in their circumstances deem it necessary.

Should the person-centered planning process lead to questions as to whether the individual continues to meet diagnostic and functional need eligibility criteria, the Care Coordinator will contact the 1915(i) Zone Eligibility Worker to request an eligibility redetermination.

Changes to Medicaid Affecting 1915(i) Eligibility

The 1915(i) Web System does not allow for automatic communication between the 1915(i) Web System and SPACES. As the Care Coordinator becomes aware of address or contact number changes, or other changes affecting Medicaid or 1915(i) eligibility, it is essential to communicate the change to the Zone so they are able to update SPACES and/or the 1915(i) Web System as needed.

When a SFN 741 1915(i) Eligibility Application is received for the 1915(i) program, the Zone is to review the contact information in SPACES and update any necessary information, such as a change in address or contact number, with the information provided on the SFN 741 1915(i) Eligibility Application.

When there are Medicaid changes of any kind made in SPACES, the Medicaid Zone Eligibility Worker must check FES to see if there is a 1915(i) benefit plan and, if so, they must inform the 1915(i) Zone Eligibility Worker of the Medicaid

change(s). The 1915(i) Zone Eligibility Worker will then update the 1915(i) Web System with any changes that affect 1915(i) eligibility.

Ongoing communication between the Medicaid Zone Eligibility Worker and the 1915(i) Zone Eligibility Worker is essential to ensure the following updated information from SPACES gets inputted into the 1915(i) Web System and vice versa.

1. Changes to identifying information and parent/legal guardian, if applicable;
2. Changes in address and/or contact numbers;
3. Medicaid date changes;
   a. Transfer from Traditional Medicaid to Expansion
   b. Transfer from Expansion to Traditional Medicaid
4. Medicaid ineligibility;
5. Changes in income and/or household size; and
6. Transition to a non-compliant HCBS setting.

Responsibilities and Requirements of the 1915(i) Zone Eligibility Worker

1. Providing the applicant with the SFN 741 when requested and instructing them on the process for having the application completed.
2. Assisting applicants with enrolling in Medicaid, if needed.
3. Informing the applicant of eligibility requirements.
4. Signing and dating the SFN 741 under the 1915(i) Eligibility Request section on the date the completed application was received and the date eligibility was determined;
5. Verifying the applicant is currently eligible for Traditional Medicaid or Medicaid Expansion;
6. Verifying the applicant's household income is at or below 150% of the Federal Poverty Level;
7. Verifying proof of one or more qualifying 1915(i) diagnoses;
8. Verifying proof of a score of 25 or higher on the WHODAS 2.0 assessment;
9. Entering the eligibility information into the 1915(i) Web System as proof of 1915(i) eligibility and enrollment;
10. Informing the applicant or parent/legal guardian, if applicable, of the eligibility decision by providing an approval or denial letter which informs the member of their right to appeal and to a fair hearing, and their right to choose providers. The eligibility approval letter also informs them they are required to report all income exceeding 150% federal poverty level to the Zone Eligibility Worker, as this will impact eligibility.

11. If eligibility is approved, providing the eligible applicant with a list of enrolled 1915(i) Care Coordination Providers and the "Fact Sheet for Individuals Deemed Eligible";
12. Providing the Care Coordinator with eligibility related information and documents upon request and receipt of a release of information;
13. Informing the applicant or parent/legal guardian, if applicable, of the eligibility redetermination review date by providing a written 30-day notice. This is assigned to a designated Zone worker and does not need to be completed by every 1915(i) eligibility worker;
14. Performing redeterminations annually, or earlier when changes occur, or upon request by the individual, their Care Coordinator, or the State;
15. Updating information in the 1915(i) Web System; and
16. Informing the applicant or parent/legal guardian, if applicable, of any changes in 1915(i) eligibility by providing a closure letter when appropriate.
17. Ongoing communication between the Medicaid Zone Eligibility Worker and the 1915(i) Zone Eligibility Worker to ensure updated information from SPACES gets inputted into the 1915(i) Web System and vice versa.

Zone Responsibility to Provide Eligibility Information

After the applicant has chosen their Care Coordination provider, the Care Coordinator will request eligibility related documents and information from the Zone. The Zone will receive a request of information from the care coordinator, upload the request form into the 1915(i) Web System, and send the following to the care coordinator for the plan of care development:

1. SFN 741 1915(i) Eligibility Application;
2. WHODAS assessment and score sheet;
3. 1915(i) eligibility dates; and
4. Whether the individual is on Traditional Medicaid or Medicaid Expansion. Provide the Medicaid Expansion number if applicable.

Zone Responsibility to Provide Notice to 1915(i) SPA Members

Notice means a written statement that meets the requirements of CFR § 431.210.

1. Notice of Approval of 1915(i) Eligibility

The Zone will send an Eligibility Approval Letter on the date eligibility was approved. The Eligibility Approval Letter template is in the 1915(i) Web System.

This letter informs the eligible individual of their rights, including timely and adequate notice of decisions about eligibility; and their right to appeal. The State assures that individuals have opportunities for fair hearings and appeals in accordance with 42 CFR 431 Subpart E.

2. Notice of Denial of 1915(i) Eligibility

When taking an unfavorable action such as a denial of eligibility, the Zone must send a notice to the individual no later than the date of action. The Zone will send an Eligibility Denial Letter no later than the date eligibility was denied. The Eligibility Denial Letter template is in the 1915(i) Web System.

This letter informs the eligible individual of their right to appeal the denial. The State assures that individuals have opportunities for fair hearings and appeals in accordance with 42 CFR 431 Subpart E.

3. Notice of Closure of 1915(i) Eligibility

When taking an unfavorable action such as a closure of 1915(i) eligibility, the Zone must send a notice to the individual no later than the date of action. The Zone will send an Eligibility Closure Letter no later than the date of closure. The Eligibility Closure Letter template is located in the 1915(i) Web System.

This letter informs the individual they have the right to appeal this action. The State assures that individuals have opportunities for fair hearings and appeals in accordance with 42 CFR 431 Subpart E.

The 1915(i) Web System automatically closes a case when 1915(i) eligibility has expired. If a case was automatically closed due to expiration, an eligibility closure letter will be generated and sent by the designated Zone worker.

4. Notice of Eligibility Redetermination

Advance notice must also be provided to a 1915(i) individual and their parent/legal guardian, if applicable, of the eligibility redetermination date. A designated Zone worker will generate and send out the Notice of Upcoming Review Date letter 30 days in advance of the individual's 1915(i) review date informing the individual they must complete and return the 1915(i) Eligibility Application by their review date for redetermination of 1915(i) eligibility. The Notice of Upcoming Review Date letter template is in the 1915(i) Web System.

Qualifications of 1915(i) Zone Eligibility Workers

The Zone must assure the 1915(i) Zone Eligibility Worker performing 1915(i) determination/redetermination:

1. Is not related by blood or marriage to the applicant or any paid caregiver of the applicant;
2. Is not financially responsible for the applicant;
3. Is not empowered to make financial or health-related decisions on behalf of the applicant;
4. Possesses one of the following minimum qualifications; and
   a. Completion of the eligibility worker one-year certificate program.
   b. Completion of 90 semester hours or 135 quarter hours of a bachelor's degree program.
   c. Graduation from high school or GED and three years of work experience involving processing of claims, loans, financial eligibility benefits, credit reviews, abstracts, taxes, or housing assistance, or working in the clerical, accounting, bookkeeping, legal, financial, business, teaching, investments/financial planning, or computer/data processing fields.
   d. Three years of any combination of education and experience listed above.
5. Has completed initial and ongoing training provided by, or approved by, the State.

Zone Input into the 1915(i) Web System

The 1915(i) Web System is the eligibility system utilized for the 1915(i) SPA. An entry in the web system is required for all 1915(i) applicants to document approval or denial of eligibility.

If an applicant has provided the Zone with incomplete eligibility information, the Zone will enter the provided information into the web system and place the application in pending status until all required information is obtained. The Zone eligibility worker will inform the applicant of what information is needed and instruct them how to obtain it in a letter written by the Zone. The letter is to be uploaded into Filenet. If an improperly administered or incomplete WHODAS is received, the Zone is responsible to administer a new one if necessary to ensure the client's eligibility isn't delayed. If the required information is not obtained within 30 days of the letter written by the Zone, then eligibility is formally denied by denying eligibility in the web system and sending a denial letter.

The 1915(i) Zone Eligibility Worker is responsible for entering initial and ongoing information into the web system and documenting all contacts with

the member in the 1915(i) Web System under the "Notes & Attachments" section.

In certain situations, Medicaid Expansion-eligible individuals have a choice to be served under Traditional Medicaid rather than Expansion. Please refer to the table of SPACES COE Codes included in the Web System Cheat Sheet to identify if a member has chosen Traditional or Expansion coverage and input their Traditional or Expansion eligibility dates into the 1915(i) Web System under the appropriate section.

Reader is referred to the Web System Cheat Sheet located on the 1915(i) website.

1915(i) Eligibility Start Dates and 1915(i) Eligibility Redetermination Dates

Eligibility for a new applicant will begin the date 1915(i) eligibility was approved by the 1915(i) Zone Eligibility Worker.

If an eligibility redetermination is approved, eligibility shall continue running with no break in coverage. For example, if prior eligibility was from 2/15/21 – 2/14/22, 1915(i) eligibility would continue and begin on 2/15/22.

1915(i) Eligibility End Dates and 1915(i) Eligibility Redetermination Dates

Determining 1915(i) eligibility end dates is the same process for initial eligibility and eligibility redeterminations.

If an applicant's 1915(i) eligibility start date is less than 6 months before their Medicaid eligibility redetermination date, then the applicant's 1915(i) end date and 1915(i) review date will be 364 days from the 1915(i) start date. For example, if an applicant's 1915(i) eligibility start date is 2/1/22 and their Medicaid eligibility redetermination date is 5/30/22, the 1915(i) end date and 1915(i) review date would be 364 days from 2/1/22 creating an end date of 1/31/23.

If an applicant's 1915(i) eligibility start date is 6 months or more before their Medicaid eligibility redetermination date, then the applicant's Medicaid eligibility redetermination date is also used as the 1915(i) end date and 1915(i) review date. For example, if an applicant's 1915(i) eligibility start date is 2/1/22 and their Medicaid eligibility redetermination date is 8/31/22,

the 1915(i) end date and 1915(i) review date would be the same as the Medicaid eligibility redetermination date, 8/31/22.

1915(i) Eligibility Closure Dates

If a 1915(i) member wants to close their eligibility, the individual or parent/legal guardian, if applicable, must contact the Zone directly requesting a closure. A request from their care coordinator is not sufficient.

At any time one of the 1915(i) eligibility criteria is not met after an applicant has been determined eligible, their eligibility must be closed in the 1915(i) Web System per the policy below:

1. When Medicaid eligibility closes, 1915(i) eligibility closes on the same date Medicaid eligibility is closed regardless of when the 1915(i) Zone Eligibility Worker was notified. If Medicaid eligibility closes due to not meeting the client share, 1915(i) eligibility must be closed on the same date Medicaid eligibility is closed. The Zone sends an eligibility closure letter to the individual no later than the date of action.

2. When any of the following 1915(i) eligibility criteria are not met, (not Medicaid eligibility – see #1 above), 1915(i) eligibility closes on the date the 1915(i) Zone Eligibility Worker was notified. The Zone sends an eligibility closure letter to the individual no later than the date of action.
    - Income exceeds 150% of the FPL
    - No qualifying diagnosis
    - No qualifying WHODAS score
    - Individual did not receive the minimum required one 1915(i) service the previous quarter

3. When an individual enters a non-compliant HCBS setting, 1915(i) eligibility closes on the same date the individual entered the non-compliant setting. The Zone sends an eligibility closure letter to the individual no later than the date of action.

    Non-compliant HCBS settings are defined as: incarceration (jail or prison), nursing facility (NF), Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Qualified Residential Treatment Program (QRTP), Psychiatric Residential Treatment Facility (PRTF), or Institutions for Mental Disease (IMD, like the State Hospital). Individuals in these settings are receiving 24/7 institutional level services; therefore, 1915(i) services would be considered duplication of services.

Other settings like Alternative Care Services (ACS) and hospitals (other than the State hospital) are not automatic eligibility closures and eligibility may remain open. Individuals in these settings may not be receiving 24/7 institutional level services; therefore, if 1915(i) services are needed by an individual while in the setting, a HCBS site visit by the care coordinator is necessary to determine compliance with Paragraphs (a)(1)(vi)(A) through (D) of the Home and Community-Based Settings Federal Rule at 42 CFR 441.710. Upon findings from the site visit, eligibility closure will be determined. If 1915(i) services are not needed by an individual while in the setting, eligibility will remain open and there will be a pause in services until the individual is no longer in the setting.

4. If an individual becomes enrolled in the Program of All-Inclusive Care for the Elderly (PACE), 1915(i) eligibility closes on the same date the individual became eligible for PACE.

5. In the event of a death, 1915(i) eligibility closes on the date of death. The Zone sends an eligibility closure letter to the parent/legal guardian, if applicable, no later than the date of action.

6. When an individual has not connected with a care coordinator or followed through with the annual reevaluation requirements, their 1915(i) eligibility will be closed. The 1915(i) Web System automatically closes a case when 1915(i) eligibility has expired, and an eligibility closure letter will be generated and sent no later than the date of action by the designated Zone worker.

7. When an individual does not receive the required minimum one 1915(i) service in a given quarter, their 1915(i) eligibility will be closed. This is the responsibility of the care coordinator to inform the Zone of closure. The Zone sends an eligibility closure letter to the individual no later than the date of action.