

1.21 AFDC-RELATED MEDICAID

A. APPLICATION FORMS

An OFS-2 is completed.

A reapplication is treated as any other application, except in some situations when a new form is not required. See Section 1.3,F.

B. COMPLETE APPLICATION

The application is complete when the client or his representative signs an OFS-2 or OFS-5 which contains, at a minimum, the client's name and address.

C. DATE OF APPLICATION

The date of application is the date that the client or his representative signs the OFS-2 or OFS-5, which contains, at a minimum, his name and address.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents the printing of the OFS-2, Form OFS-5 must be signed by the applicant and filed in the case record with the subsequently printed OFS-2. The OFS-RR-1 must also be completed and signed. He must not be required to return to the office to sign the OFS-2 when an OFS-5 has ben signed.

For clients who reapply within 60 days of the previous application which was denied due solely to failure to meet a spenddown, the date of application is the date the client requests reconsideration. No OFS-2 is required when the requirements in Section 1.3 are met.

D. INTERVIEW REQUIRED

A face-to-face interview is required.

E. WHO MUST BE INTERVIEWED

The individual who is interviewed is the specified relative with whom the child lives.

If the child is living with both parents, both must be interviewed unless:

- One parent is hospitalized; or

- One parent is incarcerated; or
- One parent is employed, and his working hours preclude participation in the interview during the agency's normal working hours.
- He is physically/mentally unable to participate in the interview and this is established by a written or verbal statement of a physician, social worker, attorney or other responsible person.

When the specified relative with whom the child lives has a legal committee, the committee must be interviewed.

When the child is living with only one specified relative, and that relative is unable to participate in the interview, a representative may be interviewed. A written statement, signed by the relative, which gives the representative authority to apply on his behalf, is required.

F. WHO MUST SIGN

The individual(s) who is interviewed must sign the OFS-2.

G. CONTENT OF THE INTERVIEW

In addition to the interview requirements in Section 1.2, the following must be discussed in the interview:

S BCSE: When the adult relative is applying for or receiving Medicaid, explain assignment of support rights, redirection requirements, good cause, penalties for failure to cooperate without good cause, possible referral to BCSE for signature of paternity acknowledgment, and obtain the signature on the OFS-AP-1 of the relative with whom the child lives. See 1.6,G.

- That any child under age 18 may be evaluated for SSI-Related Medicaid based on blindness or disability
- The spenddown process
- The MRT process, if applicable
- They may receive more than one medical card if a child(ren) has income or there is income deemed to a parent.

S TPL: Explain Third-Party Liability procedures.

H. DUE DATE OF ADDITIONAL INFORMATION

Additional information is due 30 days from the date of application.

I. AGENCY TIME LIMITS

Data system action to approve, deny or withdraw the application must be taken within 30 days of the date of application.

EXCEPTION: When delay is a result of factors outside the control of the Department and the applicant, e.g., inability to obtain medical reports. This must be documented on each case as specified in Section 1.24, regarding documentation for pending applications.

J. AGENCY DELAYS

When the Department fails to request necessary verification, the Worker must immediately send a verification checklist or form ES-6 and ES-6A, if applicable, to request it. He must inform the client that the application is being held pending. When the verification or information is received and the client is eligible, medical coverage is retroactive to the date eligibility would have been established, had the Department acted in a timely manner.

Reimbursement for out-of-pocket expenses may apply. See Chapter 2.

K. PAYEE

The parent or other specified relative who is the caretaker relative is the payee. When both parents are in the home, either parent may be the payee.

L. REPAYMENT AND PENALTIES

An individual who is sanctioned for failure to cooperate with BCSE is not included in an AFDC-Related Medicaid AG.

M. BEGINNING DATE OF ELIGIBILITY

1. Non-Spenddown

The beginning date of eligibility is the first day of the month of the POC. This date may be backdated up to 3 months prior to the month of application, when

all eligibility requirements were met, and the client has medical expenses for which he seeks payment.

2. Spenddown

The date of eligibility is the day on which the client incurs medical expenses which bring the spenddown amount to \$0.

NOTE: Although eligibility begins on the date of service of the medical bills which bring the spenddown amount to \$0, expenses incurred on that date which are used to meet the spenddown, as indicated by the Worker on Screen AGTM, are not paid by Medicaid.

N. REDETERMINATION SCHEDULE

1. Non-Spenddown

Non-spenddown AG's are redetermined in the 6th month of the POC. The 6-month period begins with the month of application, unless the POC is backdated. The date the next redetermination is due is automatically coded in the data system.

2. Spenddown

Spenddown AG's are not redetermined and are closed at the end of the 6th month of the POC. The client must reapply for a new POC.

O. EXPEDITED PROCESSING

There is no expedited processing requirement.

P. CLIENT NOTIFICATION

See Chapter 6.

Q. DATA SYSTEM ACTION

Each application requires data system action to approve, deny or withdraw.

R. REDETERMINATION VARIATIONS

The redetermination process is the same as the application process with the following exceptions:

1. Non-Spenddown

a. The Redetermination List.

AFDC-Related Medicaid AG's are redetermined every 6 months in the last month of the current POC. The data system alerts the Worker when a redetermination is due and sends a letter to the client.

b. The Date Of The Redetermination

The Worker, after receipt of the above, is responsible for scheduling the redetermination so that it is completed prior to or during the month in which it is due.

c. Scheduling The Redetermination

An appointment letter is generated by RAPIDS to notify the client of the redetermination and the date the interview is scheduled.

d. Completion Of The Redetermination

When the redetermination is completed and the AG remains eligible, the new POC must begin the month immediately following the month of the redetermination. The new beginning POC is automatically coded in the data system.

2. Spenddown AG's

a. The Redetermination List

There is no redetermination list.

b. The Date Of The Redetermination

Spenddown AG's may come into the office at any time to reapply for a new POC.

c. Scheduling The Redetermination

These AG's are not scheduled for redetermination. The client must reapply for a new POC.

d. Client Notification

Spenddown AG's are mailed a computer-generated letter at adverse action notice deadline of the 6th month of the POC. This letter informs the client that his

eligibility will end on the last day of the month and that he must reapply for Medicaid coverage.

S. THE BENEFIT

The initial medical card is issued for each eligible individual in a case. After the initial card issuance, all Medicaid-eligible individuals in the case appear on one card.

1. Non-Spenddown

a. Retroactive Benefits

The first medical card generated by the data system shows retroactive eligibility, and eligibility through the end of the current month.

b. Ongoing Eligibility

The ongoing medical card shows the eligibility dates for the current month. A new card is issued monthly which shows that month's eligibility dates.

The medical card is received on approximately the first day of each month.

c. Ending Date Of Eligibility

The ending date of eligibility is the last day of the month of the effective month of closure.

2. Spenddown AG's

A medical card is issued when the data system entries bring the spenddown amount to \$0. All eligible individuals who are included in the AG which meets spenddown appear on the medical card.

NOTE: Although eligibility begins on the date of service of the medical bills which bring the spenddown amount to \$0, expenses incurred on that date which are used to meet the spenddown, as indicated by the Worker on Screen AGTM, are not paid by Medicaid.

a. Retroactive Benefits

The first medical card generated by the data system shows retroactive eligibility, based on the date the spenddown amount computes to \$0, and eligibility through the end of the current month.

EXCEPTION: When the AG is approved after the POC has ended, eligibility ends the last day of the POC.

b. Ongoing Benefits

The ongoing medical card shows the eligibility dates for the current month. A new card is issued monthly which shows the month's eligibility dates.

c. Ending Date Of Eligibility

The ending date of eligibility is the last day of the effective date of closure. The spenddown AG automatically closes at adverse action deadline of the 6th month of the POC, effective the last day of the POC.

NOTE: An AG which meets a spenddown remains eligible until the end of the POC in the following situations, regardless of whether or not the individual is an AG member.

- S A member(s) of the Income Group experiences an increase in income; or
- S An individual(s) with income is added to the Income Group; or
- S An individual(s) is removed from the Needs Group