

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

If the child is living with only one specified relative who is unable to participate in the interview, a representative may be interviewed. A written statement, signed by the specified 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 requirements outlined in Section 1.2, the following specific requirements apply.

- **BCSE:** When the adult relative is applying for or receiving Medicaid and there is a child with an absent parent, 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 acknowledgement, and obtain the signature on the OFS-AP-1 of the relative with whom the child lives.

When an AG includes a child with an absent parent(s) and the adult relative is not included in a Medicaid AG, a referral to BCSE is made only when the adult relative requests BCSE services. These services must be explained to him and a voluntary referral encouraged.

- **Eligibility:** Explain beginning date of eligibility and that it can be backdated.
- **Lump Sum:** If the client indicates he may receive a lump sum payment, explain the lump sum policy.
- **Pregnancy:** Explain the need for the client to report immediately when anyone in the household who receives Medicaid becomes pregnant.
- **TPL:** Explain Third-Party Liability procedures.

**H. DUE DATE OF ADDITIONAL INFORMATION**

The client and the Worker agree on the date by which additional verification must be obtained.

**I. AGENCY TIME LIMITS**

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

**EXCEPTION:** When the delay is a result of factors outside the control of the Department and the applicant; e.g., inability to obtain medical reports.

**J. AGENCY DELAYS**

**When the Department fails to request necessary verification, the Worker must immediately send the RAPIDS verification checklist or form ES-6 to request it. He must inform the client that the application is being held pending. When the verification is received and the client is determined eligible, medical coverage is retroactive to the date eligibility would have been established for AFDC Medicaid.**

**When the application is not processed within agency time limits, the application must be processed immediately upon discovery of the delay.**

**The AFDC Medicaid client is eligible to receive direct reimbursement for out-of-pocket medical expenses if the Department has not acted on the application within a reasonable period of time. See Chapter 2.**

**K. PAYEE**

The payee is the individual in whose name the medical card is written. The following rules apply.

- Deprivation Factor Is Not Unemployment: The specified relative with whom the child resides is the payee.
- Deprivation Factor Is Unemployment: The unemployed parent is the payee, unless it is in the best interest of the family for the other parent to be the payee.

**L. REPAYMENT AND PENALTIES**

See Section 20.4,B.

**M. BEGINNING DATE OF ELIGIBILITY**

Eligibility begins the first day of the month in which eligibility is established. However, eligibility may be backdated up to 3 months prior to the month of the application, when the client met all eligibility requirements in the prior month(s).

When the client is eligible for backdated coverage, the system must be coded with the month, year on which the backdated period begins.

This date is always the first day of the month of backdated coverage.

When a client, who became ineligible due to a lump sum payment, requests recomputation of the period of ineligibility, his date of eligibility can be no earlier than the date of his request.