

## 1.21 AFDC-RELATED MEDICAID

### A. APPLICATION FORMS

The DFA-2 or Single-Streamlined Application (SLA) 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.

### B. COMPLETE APPLICATION

The application is complete when the client or his representative signs a DFA-2, DFA-MA-1, DFA-5 or SLA which contains, at a minimum, the client's name and address.

### C. DATE OF APPLICATION

The date of application is the date the applicant submits a DFA-2 or SLA in person, by fax or other electronic transmission or by mail, which contains, at a minimum, his name and address and signature. When the application is submitted by mail or fax, the date of application is the date that the form with the name, address and signature is received in the local office.

**NOTE:** When a faxed copy or other electronic transmission of an application is received that contains a minimum of the applicant's name, address and signature, it is considered an original application and no additional signature is required.

**NOTE:** When the applicant has completed the interactive interview, and there is a technical failure that prevents the printing of the DFA-2, Form DFA-5 or SLA must be signed by the applicant and filed in the case record with the subsequently printed DFA-2. The DFA-RR-1 must also be completed and signed. He must not be required to return to the office to sign the DFA-2 when an DFA-5 has been 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 DFA-2 or SLA is required when the requirements in Section 1.3 are met.

### D. INTERVIEW REQUIRED

No interview is required.

## E. WHO MUST BE INTERVIEWED

An interview is not routinely required, but when an interview is conducted the following person(s) 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 specified relative with whom the child lives. If the child is living with both parents, both must sign unless:

- One parent is hospitalized; or
- One parent is incarcerated.

When the specified relative with whom the lives has a legal committee, the committee must sign.

## G. CONTENT OF THE INTERVIEW

Although no interview is required, when an interview is conducted the interview requirements in Section 1.2 are applicable. In addition, the following must be discussed with the applicant, even when an interview is not conducted:

- 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 DFA-AP-1 of the relative with whom the child lives. See 1.6.
- That any child under age 18 may be evaluated for SSI-Related Medicaid based on blindness or disability.
- The spenddown process.
- The specific months which will constitute the Period of Consideration (POC) based on the 6 month POC that will most benefit the client. The beginning date of eligibility may be backdated up to 3 months prior to the month of application when all eligibility requirements are met and the client has medical expenses for which he seeks payment.
- 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.
- 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 DFA-6 and DFA-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**

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.

**1. Non-Spenddown**

The beginning date of eligibility is the first day of the month of the POC.

**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 eRAPIDS to notify the client of the redetermination.

#### 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. Ongoing Benefits

Effective April 2015 the Medicaid card issuance process will change from a monthly to a yearly issuance. The Medicaid card will not include any date parameters since eligibility may terminate.

Each January, beginning with the 2016 issuance, Medicaid recipients will receive one Medicaid card per case.

In situations where retroactive eligibility is established, the Medicaid card will be validated appropriately for each back-dated month.

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

b. 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.

a. 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.

b. 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.

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