



STATE OF NEW YORK DEPARTMENT OF HEALTH

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TRANSMITTAL: 08 OHIP/ADM-2

TO: Commissioners of
Social Services

DIVISION: Office of Health
Insurance Programs

DATE: February 11, 2008

SUBJECT: Medicaid Presumptive Eligibility for Children

**SUGGESTED
DISTRIBUTION:**

Medicaid Directors
Fair Hearing Staff
Legal Staff
Staff Development Coordinators
Temporary Assistance Directors

**CONTACT
PERSON:**

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ATTACHMENTS:

- I: Medicaid Presumptive Eligibility for Children Screening Form (DOH-4441)
- II: Presumptive Eligibility for Children Screening Determination Letter (OHIP-0012)
- III: Memorandum of Understanding

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
			SSA 1920 (A) SSL 364-i 4. (a)-(e)		

I. PURPOSE

The purpose of this administrative directive (ADM) is to advise local departments of social services (LDSS) of required actions necessary for implementation of Medicaid Presumptive Eligibility for Children, pursuant to Chapter 58 of the Laws of 2007. This change is effective February 11, 2008.

II. BACKGROUND

The federal Balanced Budget Act of 1997 (Public Law 105-33) provided states with opportunities to expand health care coverage for children. One option allows certain Qualified Entities (QEs) to "presumptively" enroll children in Medicaid who appear to be eligible based on their age and income. With the passage of Chapter 58 of the Laws of 2007, the Department of Health will implement Presumptive Eligibility for Children up to age 19.

Currently, in determining eligibility for Medicaid for children, a full Medicaid application must be received and all eligibility requirements completed before a child is enrolled and receives Medicaid covered services. Generally, the current process can take up to 30 days before enrollment occurs, and may serve as a potential barrier to Medicaid access of covered services for children at the time they are first needed.

Presumptive Medicaid Eligibility for Children provides immediate Medicaid coverage for a limited period of time for all Medicaid covered care and services and supplies to children who screen as eligible by a QE. Parents/guardians are also able to file an application for ongoing Medicaid at the QE when their children are screened as presumptively eligible.

III. PROGRAM IMPLICATIONS

Social Services Law § 364-i (4) (a)-(e), enacted by Chapter 58 of the Laws of 2007, allows for a presumptively Medicaid eligible child to be enrolled by a Qualified Entity for all Medicaid covered care, services and supplies prior to a full Medicaid determination by the LDSS.

The State Department of Health (SDOH) has signed a Memorandum of Understanding (MOU) with designated Qualified Entities who, initially, are Federally Qualified Health Centers (FQHCs) and will provide PE services. Subsequent to start-up, SDOH will designate, as needed, additional QEs consistent with the applicable provisions of section 1920(A) of the federal Social Security Act. The MOU has been provided as Attachment III at the end of this document.

A list of all selected QEs who have signed MOUs with NYSDOH will be forwarded as soon as the MOUs are signed by all parties.

Upon implementation, parents/guardians of children up to age 19 may attest to basic information including citizenship/identity, residency, household size and composition as well as income during a brief interview with a Qualified Entity. The QE may provide services under Medicaid presumptive eligibility (PE) when the screened child's estimated family income (after applying simple disregards), does not exceed the applicable income standards. The PE eligible child may receive all care, services and supplies covered by the Medicaid program, from any Medicaid enrolled provider, prior to a full Medicaid determination by the LDSS.

Children screened eligible for PE may receive one presumptive coverage authorization period per child in a 12-month period. Children found fully eligible for ongoing Medicaid through the Presumptive Eligibility for Children application process will be authorized for no less than 12 months of Medicaid coverage, or through the last day of the month in which their 19th birthday occurs, whichever is earlier.

IV. REQUIRED ACTION

1. Qualified Entity Responsibilities

The designated Qualified Entity, who has entered into a Memorandum of Understanding with NYSDOH, is responsible for determining Presumptive Medicaid Eligibility for uninsured or underinsured children who present for treatment at their facility.

The QE first conducts a personal screening interview using the State approved "Medicaid Presumptive Eligibility for Children Screening Form" (DOH-4441) (Attachment I), and then makes a determination of presumptive Medicaid eligibility based on the applicant's attestation of their current circumstances. All confidentiality requirements that apply to Medicaid also apply for all screenings and applications at the QE. The QE is responsible for informing the applicant of his/her rights and responsibilities, required by 18 NYCRR 360 2.2 (f), as well as issuing required informational materials and brochures made available by NYSDOH.

As a child is entitled to only one period of PE in a 12 month period, the QE is required to call the designated toll-free number provided by the NYSDOH (1-888-375-1912), to determine whether the screened eligible child is entitled to PE. The QE will be given an authorization number for children who meet the criteria. This number is entered in the appropriate section of the screening form, as well as the name of the individual who provided the authorization number.

The QE must also issue a determination letter, on the approved form "Presumptive Eligibility for Children Screening Determination Letter" (OHIP-0012) (Attachment II), to the applying household indicating their findings, and advise the applying household of the next steps in the process, which includes mandatory completion of a full application for Medicaid if eligible for PE, and/or referrals to the LDSS, or to a Facilitated Enroller if ineligible for PE.

If the applicant screens eligible for PE, the DOH-4220, "Access NY Health Care Application" must be completed and signed by the applicant/representative in order for PE to be authorized by the LDSS. The QE may assist the family in completing the Access NY application. The signed application and required documentation are necessary for the LDSS to determine ongoing Medicaid eligibility, as well as to authorize any Medicaid coverage. The responsibility for requesting and compiling necessary documentation is delegated to the QE. Part of this process includes assisting the applying household to obtain and collect this documentation, as needed.

QEs may enter into formal agreements, if desired, with Facilitated Enrollers (FEs) to assist them in the Medicaid application, documentation requirement and collection process. However, the QE continues to be responsible for the PE screening process and issuance of the PE screening determination form.

The completed application package must be compiled by the QE and submitted to the LDSS within 21 days from the date of initial screening (or within a reasonable extended timeframe if the applicant is making a good-faith effort to secure necessary documentation). Upon receipt of the package, the LDSS will complete a determination of ongoing Medicaid eligibility. For children found ineligible for ongoing Medicaid, the period of presumptive eligibility will be authorized, only from the date of initial screening to 10 days after the date the LDSS makes a final determination on the application.

QEs are not responsible for forwarding completed PE screening forms to the LDSS for children who do not screen as PE eligible. There will be no completion of the DOH-4220 in these situations. The QE should provide the ineligible household with the DOH-4220 application form to complete and submit to a Facilitated Enroller or to the LDSS. Children are to be referred to FEs and/or Child Health Plus health plans. The QE must retain copies of all completed screening forms for a period of time agreed upon with the NYSDOH.

Qualified Entities will be informed by the LDSS of the final determination of all submitted applications at the same time the applying household is notified, and such notification will include the applicant's Client identification Number (CIN), so billing for covered services provided during the presumptive period may occur.

Comprehensive training will be provided to all designated Qualified Entities before implementation occurs. Persons engaging in QE activities must be trained and sign confidentiality agreements. Proof of signed confidentiality agreements must be retained onsite by the QEs.

The QE must secure all forms, documents and information related to Presumptive Eligibility in locked file cabinets and/or rooms that are not accessible to the general public.

2. Local District Responsibilities

The LDSS must coordinate the application process with the approved QEs. The responsibilities of the LDSS in the PE process include the following:

- a. Designate one or more staff at the LDSS to act as a liaison to designated Qualified Entities. Accept the QE's PE screening interview of the applicant as meeting the requirement for the face-to-face interview for ongoing Medicaid. Local districts must delegate to the QE the authority to conduct the Medicaid face-to-face interview with any members of the applying family, including the parents/guardians. The LDSS cannot require applying members of the PE household to come into the district for the face-to-face interview.
- b. Accept completed applications from the QE and process them in a timely manner, but in no event later than 30 days from the date of the QE screening/assessment for pregnant women or children or 45 days from the date of application for any adults who have also applied. Allow for reasonable extensions to secure documentation when requested by the applying household and/or the QE on behalf of the household. Extend Medicaid coverage as appropriate in these cases until the final determination can be completed.
- c. Accept applications from other family members of the PE child(ren). It is anticipated that a significant number of adults may request to apply and be identified as potentially eligible for Medicaid. While adults age 19 and over are not entitled to PE for children, individuals who are part of a presumptively eligible child's household, as defined by Medicaid rules, may also apply for Medicaid with the QE.
- d. Establish internal processes and procedures providing for immediate data entry of Medicaid applications received from QEs using the date of the initial presumptive screening by the QE as the date of application. All provisions for determining eligibility for the three-month retroactive period apply with respect to PE applicants who are determined to be eligible for ongoing Medicaid, including attestation of resources and documentation of income for that time period.
- e. Pay attention to the date of birth of an applying child who is between age 18 and age 19. If the applying child who screens as eligible for PE turns 19 during the presumptive period, Medicaid coverage can only be authorized until the last day of the month in which the child turns 19.
- f. Districts must also provide notice of the results of the final Medicaid eligibility determination simultaneously to the applicant, and to the QE.

- g. Document in the case record if there is a delay in the receipt of a completed application from the QE resulting in the 30/45-day timeframe being exceeded. This will serve to hold the LDSS harmless in the event of an audit or other administrative review.
- h. Develop processes for notifying the QE and the applicant when additional documentation is required including extending deadlines for documentation as appropriate and for notification of the final eligibility determination.
- i. Provide prompt feedback to the QE on incomplete or incorrect applications, so that problems can be addressed in a timely fashion. Work with the QEs to establish best practices.
- j. Notify the QE as well as the applicant if and when any additional documentation is required by the LDSS to complete the final Medicaid eligibility determination.
- k. Open and maintain Medicaid case(s) including all undercare and renewals for individuals found eligible for ongoing coverage for a period of no less than 12 months from the date of screening/application. The exception to this would be if the PE child turns 19, then MA coverage may only be authorized until the last day of the month in which he/she turns 19.
- l. Issue appropriate Notices of Decision to the applicants/representatives as appropriate per Medicaid rules after the full Medicaid eligibility determination is completed.
- m. Establish procedures to notify the QE of the outcome of the applicant's final eligibility determination for ongoing Medicaid (including CIN) at the same time the applying household is notified, so billing for any covered services provided during the presumptive eligibility period may occur.

V. NOTICE REQUIREMENTS

Qualified Entities will provide PE applicants/representatives with the Presumptive Eligibility for Children Screening Determination Letter informing the applying household of the child(ren)'s eligibility status for PE (Attachment II).

Upon determination of ongoing eligibility, workers will use the appropriate CNS opening code when eligibility is established. For children found ineligible, certain existing upstate CNS closing codes will be used with an open/close (09) transaction for case type 21 (Medicaid Presumptive Eligibility).

The WMS and CNS Code Cards will be updated to reflect these changes and all new codes. See the 2007.3 WMS/CNS Coordinator Letter for more details.

In NYC, PE children found ineligible for ongoing coverage will be closed using the existing case level non-CNS code 198 - 60 Day Presumptive Eligibility Period Ended/Ineligible for MA.

A Manual notice will be required.

VI. SYSTEM IMPLICATIONS

Systems implications which now are detailed in the October 2007 WMS/CNS Coordinator Letter, are described below.

Upstate

For presumptively eligible children who are found to be eligible for ongoing Medicaid, cases are processed using normal procedures as a Case Type 20 - Medical Assistance (MA) for a period of 12 months from the screening/application date, or until the end of the month in which the PE child turns 19.

Case Type 21 - Medicaid Presumptive Eligibility, will be used for applicants who appeared to be presumptively eligible at the time of the QE screening and are later found to be ineligible for ongoing Medicaid by the LDSS. This will provide coverage for the presumptive period only.

Case Type 21 is processed with an Open/Close transaction (Transaction Type 09).

For Case Type 21, the authorization period "From Date" on screen one is equal to the application date, which is also equal to the date of the PE screening. The authorization period "To Date" is the transaction date + 10 days.

For Case Type 21, MA coverage cannot be retroactive prior to the Application date.

The Individual Categorical Code for the PE child is "65" (Presumptive Children).

To be eligible for PE for Children, an individual must be less than 19 years of age.

The Medicaid Coverage Code for presumptive eligibility for children cases will be "01" (all covered care, services and supplies).

The WMS Screen 5 Medicaid Coverage "From Date" is equal to the application/screening date. The Medicaid Coverage "To Date" is the Transaction Date + 10 days for Case Type 21.

There is no managed care enrollment for children on a Case Type 21 with an Individual Category Code of "65".

There is no continuous save date for an individual with a Case Type 21 and an Individual Category Code of "65".

CBIC cards are not issued for presumptive-only cases.

NYC - Manual Processing

In NYC, the PCAP Unit will process Presumptive Eligibility for Children applications.

NYC MA applications for presumptively eligible children and applying household members should initially be registered as a Case Type 20.

Case Type 21 - Medicaid Presumptive Eligibility, will be used for those applicants who appear to be presumptively eligible at the time of the QE screening and then are later found to be ineligible for ongoing Medicaid by the LDSS, to provide coverage for the presumptive period only.

The MA Coverage "From Date" is equal to the application date, which is also equal to the date of the QE screening for Presumptive Eligibility.

The MA Coverage "From Date" cannot be retroactive prior to the Application date. If the applicant is found to be eligible for ongoing Medicaid, retroactive coverage requests may be addressed as per regular Medicaid rules as a part of the final determination process.

The MA Coverage "To Date" must equal to the "From Date" + 59 Days for a total of 60 days.

If the PE application is not completed within the initial 60 days, coverage must be extended until the eligibility determination is completed. If the applicant is found to have continued eligibility for ongoing Medicaid, coverage will be extended for a period of 12 months from the date of application/screening for PE, or until the end of the month in which a PE child turns 19.

If the applicant is found to be ineligible for ongoing Medicaid, Case Type 21 will be used to provide coverage for the presumptive period only - from the date of application to the transaction date plus 10 days.

The Individual Categorical Code "65" is to be used for the presumptively eligible children (Presumptive Children). To receive PE for Children, an individual must be less than 19 years of age.

The MA Coverage Code for presumptive eligibility for children cases will be "01" - all covered care and services.

Entry of Center Code '506' is required for children with an Individual Category Code of "65".

Entry of MA Responsible Area Code 'PC' is required for children with an Individual Category Code of "65".

There is no managed care enrollment for children on a case type 21 with an Individual Category Code of "65".

CBIC cards will not be issued for presumptive-only cases.

In NYC, PE children found ineligible for ongoing coverage will be closed using the existing case level non-CNS code 198 - 60 Day Presumptive Eligibility Period Ended/Ineligible for MA.

A Manual notice will be required.

NYC will have an automated processing capability in the near future which will be addressed separately.

For questions concerning NYC Systems procedures, please contact NYC Systems staff by telephone at (212) 383-3542.

MBL

There are no budget requirements for presumptive eligibility cases.

In NYC, a budget is not allowed for Case Type 21.

For more NYC systems details, please see the October 2007 WMS/CNS Coordinator Letter and Attachments.

VII. EFFECTIVE DATE

The provisions contained in this ADM are effective February 11, 2008.

Deborah Bachrach, Deputy Commissioner
Office of Health Insurance Programs