



STATE OF NEW YORK DEPARTMENT OF HEALTH

Coming Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Barbara A. DeBuono, M.D., M.P.H.
Commissioner of Health

Dennis P. Whalen
Executive Deputy Commissioner

**OFFICE OF MEDICAID MANAGEMENT
ADMINISTRATIVE DIRECTIVE**

TRANSMITTAL: 98 OMM/ADM-3

TO: Commissioners of
Social Services

DIVISION: Office of
Medicaid
Management

DATE: April 30, 1998

SUBJECT: Medicaid Referrals from the Child Health Plus Program

**SUGGESTED
DISTRIBUTION:**

Medicaid Staff

**CONTACT
PERSON:**

Ann Clearwater at 518-473-5457 for policy questions.
Peter Endryck at 518-473-4679 for questions
regarding reports.

ATTACHMENTS:

Sample Letter

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
91 ADM-18 91 ADM-11 89 ADM-40		360-4.8	PHL 2510 & 2511 SSA 1902 (a)(17) PL 105-33		

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I. PURPOSE:

This administrative directive advises social services districts of an interim procedure which must be implemented to meet the federal requirements under Title XXI of the Social Security Act to find and enroll uninsured children in Medicaid or Child Health Plus (CHPlus).

II. BACKGROUND:

In 1990, Title 1-A of Article 25 of the Public Health Law of New York State authorized the creation of the Child Health Plus (CHPlus) Program, which is a partnership between government and private health insurers to provide subsidized or free health insurance to low-income children. Though it initially covered only outpatient care for children under thirteen, it has been expanded to include additional services such as inpatient care, and currently covers approximately 170,000 children up to age nineteen.

In 1997, the U.S. Congress passed the Balanced Budget Act (BBA), Public Law 105-33, which contains several provisions relating to children's health care coverage. These provisions, including the newly created Title XXI of the Social Security Act, contain the framework for states to establish Child Health Insurance Plans (CHIPs), to vastly expand outreach and enrollment efforts for both Medicaid and the new CHIPs, and to foster close coordination between the two programs. Enhanced federal financial participation is available for these efforts.

The Department was required to submit a Title XXI State Plan outlining our plans to reach New York's uninsured children and enroll them in either Medicaid or CHPlus, and to ensure efficient and effective coordination between the two programs. Title XXI requires states to ensure that only targeted low-income children are given CHIP coverage, and that children who appear eligible for Medicaid are enrolled in Medicaid. The Health Care Financing Administration (HCFA) approved our State Plan, which included assurances that the Medicaid eligibility screening and referral procedures described herein will be implemented. Plan approval affords the State the opportunity to provide a continuum of care between these two programs.

III. PROGRAM IMPLICATIONS:

Currently, families apply for CHPlus by requesting an application from an insurer chosen from a list of participating plans, and mailing the completed application and required documentation directly to the insurer. The insurer then performs a screening process to determine if the children

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in that family appear to be eligible for Medicaid, and notifies the family to apply for Medicaid if eligibility appears likely. This procedure is repeated at each family's yearly CHPlus recertification if it appears that their income has decreased to the Medicaid standard. Although these families are informally referred to the local department of social services, many fail to apply for Medicaid, and their children remain uninsured. Therefore, there is a need to strengthen the linkages between Medicaid and CHPlus.

IV. REQUIRED ACTION:

In accordance with the Title XXI State Plan requirements and to improve the coordination between Medicaid and CHPlus, the following procedures have been developed. These are interim procedures and may be changed to support legislation once it is enacted.

- A. The CHPlus insurers will continue to perform the screening process to determine if the child(ren) in each family which applies for CHPlus appear to be Medicaid eligible.
- B. Those who appear to be Medicaid eligible will continue to be advised to apply for Medicaid, but in addition, their names and addresses will be forwarded to the Department, where they will be sorted by county of residence.
- C. Each month, a tape, disk, or written report containing these names and addresses will be forwarded to each local social services district, as appropriate. (See Systems Implications.)
- D. Districts must mail a Medicaid application package with a cover letter advising the family of the appropriate procedure to secure an appointment to apply for Medicaid in that district. Attached is a model letter which districts may use as a cover when sending out the application. Districts should send out the DSS-2921-P, which is the combined Medicaid / WIC application. However, if the applicant indicates that children over the age of fourteen and/or adults in the household wish to apply, the full application (DSS-2921) should be mailed instead.

V. SYSTEMS IMPLICATIONS:

The record layout for the tape, disk, or report which districts will receive is as follows:

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<u>Field Number</u>	<u>Address Line</u>	<u>Field Name</u>	<u>Fixed Length</u>	<u>Record Position</u>
1	1	Parent, guardian, or child's first name.	19	1
2	1	Parent, guardian, or child's middle initial.	1	20
3	1	Parent, guardian, or child's last name.	20	21
4	2	Address line 1.	40	41
5	3	Address line 2.	40	81
6	4	Address line 3.	40	121
7	5	City	40	161
8	5	State	2	201
9	5	Zip	15	203
10		Social Security Number	9	218
11		Date of Birth (MMDDYYYY)	8	227
12		Phone Number	10	235

Logical Record Length=244

We will contact each social services district shortly to determine how you wish to receive this report, and to whom it should be sent.

VI. EFFECTIVE DATE:

These procedures are effective immediately. Districts should begin receiving monthly reports from the Department of Health during the month of June, 1998.

Ann Clemency Kohler, Deputy Commissioner
Office of Medicaid Management