OTHER ELIGIBILITY REQUIREMENTS
APPLICATION, CERTIFICATION AND RENEWAL

FACILITATED ENROLLERS

Description: Facilitated enrollers (FEs) assist applicants in the completion of the application. This assistance includes the following:

- Providing application assistance including:
  - seeing, copying and/or recording information about documents that verify eligibility requirements such as original identity and citizenship documents;
  - assisting in the completion of the application and
  - assisting in the collection of various documentation items;
- Screening the family for the appropriate program;
- Submitting the completed application, documentation and enrollment form to the local district;
- Counseling the applicant on managed care plan selection, where appropriate; and
- Following-up with the applicant to ensure that they complete the application process.

Policy: Effective April 1, 2010, an interview for Medicaid and FHPlus must not be required as a condition of eligibility. While an interview cannot be required, FEs are required to provide application assistance, as appropriate, to an applicant who seeks assistance in understanding the application process or with completing the application. The local district determines the applicant's eligibility for Family Health Plus, Medicaid and the Family Planning Benefit Program and is responsible for the enrollment of applicants into managed care plans as appropriate.

Persons requiring long-term care services such as nursing home care or personal care may not apply through facilitated enrollers.

References: ADMs 10 OHIP/ADM-4
01 OMM/ADM-6

Interpretation: When an FE meets with an applicant or authorized representative and provides application assistance, the FE will receive and submit the application to the appropriate LDSS. In this situation, the FE must submit the application to the LDSS for an eligibility determination within 15 days.

OTHER ELIGIBILITY REQUIREMENTS
APPLICATION, CERTIFICATION AND RENEWAL

FACILITATED ENROLLERS

When an applicant completes an application on his/her own, and then submits the application to the FE, or asks the FE to review the application, the FE must review the application to ensure that it is complete and all necessary documentation has been presented. Such applications become FE applications. The FE must have the applicant resign/date the application and collect current documentation. The FE must date stamp the application on the day he/she meets with the applicant, which will start the 15 day clock.

NOTE: Local departments of social services may not require that individuals apply through an FE, nor may they require that the applicant seek application assistance from an FE. In addition, LDSSs cannot forward applications submitted directly by an applicant to an FE and require the FE to follow up in obtaining necessary documentation.

When an application is mailed directly to a Child Health Plus (CHPlus) plan that is not an FE, the application (whether it is complete or incomplete) will be mailed by the plan directly to the LDSS if the child appears Medicaid eligible. In this situation, the date of application is the date that a signed and dated application is received by the LDSS. Non-FE CHPlus plans will not refer these applicants to an FE for application assistance. In situations where the CHPlus plan is an FE, the plan must review the application to ensure it is complete and all necessary documentation has been provided before it is forwarded to the LDSS. In such cases, the date of application is the date the FE receives the complete application. The FE has 15 business days from the date the application was received to get the application to the ldss.