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Issue Date: 11/13/2009

Topic: Medical Benefits

Subject: Miscellaneous Policy Q&As including questions asked at the October 1 and Healthy Kids trainings

Applies to (check all that apply):

- | | |
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| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): CAF SSP group |

Message:

Question 1: Can budget month income be used to put a CAWEM only eligible child on CHIP?

Answer 1: No. There is no CAWEM eligibility under the OHP-CHP category.

With the October 1, 2009, changes, children who are LPRs can receive CHP with the LPR need/resource coded (they are not considered CAWEM). For these children you can use the budget month income if not eligible using the two-month average.

Question 2: If a child had TPL in the last two months, would we float the budget month so that the TPL was no longer within the last two months?

Answer 2: Yes. If all applicants are not eligible using the initial budget month established by the DOR, float the budget month.

Question 3: Can you assume a signature has been received by another branch if you do not have it?

Answer 3: No. If you do not have the most current application either in the case file or on online imaging, you should pend for the application. You should not assume that a signature exists on an application that cannot be located.

Question 4: If an LPR child is pregnant and on CHP but turns 19 and is still pregnant, would this child be CEC or CWX if in a county that has CWX? If not, would they be regular CAWEM?

Answer 4: When a pregnant CHIP client turns 19, we are required to redetermine their eligibility. If the client no longer meets the alien status requirement, there is no CEC eligibility.

Review to see if the client meets the eligibility requirements for OPP, MAA, MAF or OSIPM.

If she qualifies as CAWEM only, we would open as CWX for that program if she lives in one of the seven CAWEM Expansion Program counties. If she does not live in one of those seven counties, we would open as CWM for that program.

If she does meet the alien status requirement, review to see if the client meets the eligibility requirements for OPP, MAA, MAF or OSIPM. If she does not meet the eligibility requirements, convert to CEC.

Question 5: Does the time a case is BED coded count as part of the child's 12 months of eligibility for CEM?

Answer 5: Yes. The client should have a total of 12 months continuous Medicaid eligibility beginning from their most recent certification start date.

For example: Child was certified for MAA beginning 10/01/09, on 12/15/09, we receive a reported change, put a BED date of 02/09 on the case while we redetermine benefits. On 02/02/09, we determine that the child is no longer eligible for any DHS medical; we would convert them to CEM effective 03/01/09, and code the CEM need/resource of 09/10 on the case.

Question 6: Does the CDU date fall off at end of month in the month the baby is due?

Answer 6: Yes. If necessary, change the CDU end date to match the baby's month of birth.

Question 7: If a client cancels their private major medical insurance because the premiums are too expensive or because they consider it not good coverage, will their children still be potentially eligible for CHP medical after the two month wait period?

Answer 7: Yes.

Question 8: If a parent loses their job because of something they did, can their children still be potentially eligible for CHP?

Answer 8: We do not consider why a parent lost their job when determining OHP eligibility. (For OHP, if the adults are not applying for themselves or if they are applying for OHP-OPU and ineligible because they are new applicants do not pend the adults for pursuit of UC.)

If you are asking: "If they lose their job because of something they did and because of this, they lose their insurance, can they still be potentially eligible for CHP?" The answer is yes.

Question 9: If it is determined that a child has been receiving medical benefits based on intentional fraudulent information from the parent(s), would that child still be eligible for CEM if it was determined they are not eligible for any other programs?

Answer 9: No. [OAR 461-135-1149](#) requires that the child has to have been eligible for the Medicaid or CHIP benefits they received in order to qualify for CEM or CEC.

Question 10: When a CHP child turns 19 are their parents considered part of their filing group?

Answer 10: No.

Question 11: Can you have children in the same filing group with different CEM end dates and can some be CEM and others on another medical program?

Answer 11: Yes.

Question 12: Is it true a new application is not needed when a client is receiving other program benefits and requests medical as well? If so, and they apply for food stamps only, they generally do not complete the pages needed to apply for medical. So, would we need those pages complete?

Answer 12: You do not necessarily need the other pages to be completed. We need to get the information and it can be taken over the phone or by pending them to complete the rest of the application. The idea is to minimize how many times the client has to complete new paperwork and how many times the worker needs to pend for an application. For example, now that we have to use 12-month redetermination periods for MAA and MAF, workers cannot align the MAA/MAF end date to other program end dates. Using the same application for medical will help cut down on how often the client needs to complete new [DHS 415Fs](#).

Question 13: The letter mailed out to clients that a “new medical application may not be required when they are applying for medical benefits,” is causing some branches to get a LOT more verbal requests for medical. Because the verbal request does not stop the medical application from being mailed out by the system, we are also receiving the paper application. At the time we receive the paper application, we have already pending the verbal request. Do we need to deny the application the client mailed in since it is a different DOR?

Answer 13: The intent of not requiring a new application is not meant to increase workload. When a second DOR is established, the worker can narrate that a request has been previously established via a phone call and, if they need too, use the information provided on the application to help redetermine eligibility.

If the worker determines the filing group eligible for medical using the first DOR, we do not need to send a concurrent benefit denial.

If the medical filing group was not eligible for medical using the first DOR (established via p/c), redetermine eligibility using the second DOR (established via paper application received).

Question 14: If a client has COBRA, does this constitute as TPL?

Answer 14: Yes, COBRA medical is TPL. Please send a completed [DHS 415H](#) to HIG and enter a “Y” in the PHI field on CMUP.

However, not all COBRA coverage includes major medical, so it may not affect CHIP or OPU eligibility. For OHP, private major medical health insurance means health insurance coverage that provides medical care for physician and hospital services, including major illnesses, with a limit of not less than \$10,000 for each covered individual.

COBRA coverage is considered employer sponsored medical. If the COBRA coverage does include major medical, consider if the client is eligible for a HIP payment.

Question 15: Do the branches need to work the LPR reports from view Direct on their own?

Answer 15: Yes, each branch is responsible for redetermining eligibility for LPR children turning age 19 who have had LPR status for less than five years. They may need to be reduced to CAWEM benefits.

There are two reports available, "CAWEM Children Under Age 19" and "Children Age 6 thru 18 Not Getting Medical But Another Child on the Case is Getting OPC or OP6 Medical". Branches should review both of these reports and take action on the cases as appropriate. A transmittal was issued October 15, 2009, that details the actions to take for each report:

<http://www.dhs.state.or.us/policy/selfsufficiency/publications/ss-ar-09-009.pdf>

Question 16: For pregnant adults do we still use 185 percent?

Answer 16: Yes.

Question 17: Do we only use 201 percent for a pregnant child?

Answer 17: Yes, use the 201 percent for pregnant CHIP children who do not qualify for MAA, MAF, OSIPM or OPP. Children who are pregnant, over the 185 percent limit and up to 201 percent, are coded CHP with a CDU need/resource code.

Question 18: If someone just moved to Oregon in October 20XX, and they do not have income verification for September 20XX because of moving: can we use the budget month for October 20XX only because they just got a job?

Answer 18: No, we cannot start with the budget month. The client should attempt to provide us with verification of the income they received in September 20XX. Many times employers can fax or mail the verification to the client. The worker can also try to call the employer to get this information. After attempting to get the verification, the worker can give good cause for why it's not obtainable and use the client's statement as to what the gross income was in September 20XX.

Question 19: If the DOR is 10/15/XX and it is a redetermination that ends 11/30/20XX, what income do I use?

Answer 19: The DOR, 10/15/xx, initiates the 45 day application processing time frame.

If an OHP client submitted the application with the DOR of 10/15/XX, for benefits that were due to end in November, we would first look at income from October to determine MAA/MAF eligibility (based on that DOR)? If the worker determined the client was eligible for MAA/MAF in the budget month of October, MAA/MAF eligibility would start on 10/15/XX.

If the client had not been eligible for MAA/MAF, we would now look at OHP. For OHP, the last month of the certification period is the budget month. In the example above, November is the budget month and the two months of income used to redetermine OHP eligibility would be from October and November.

If an MAA/MAF client submitted the application with DOR 10/15/XX, for benefits that were due to end in November, we would determine whether they were eligible for EXT. In the above example, if the DOR is 10/15/XX, and we learn the family has an increase in income (earned or child support) reported timely, we convert to EXT 11/01/XX.

If the application with DOR 10/15/XX, does not show eligibility for EXT, we would use the last month of the certification period as the budget month, in this case 11/XX.

Question 20: A child is removed by Child Welfare and placed with the grandmother but is not in foster care so cannot get CW medical. The child was receiving MAA medical on mom's case before Child Welfare removed them. Do we just open a case under grandmother and make the child CEM and not concern ourselves with grandmother's information as a non-needy caretaker relative? Or do we leave the child open on mom's MAA medical case even though they are no longer living with mom?

Answer 20: Following due process requirements, we keep the child on MAA (on the mother's original 12-month MAA period) and initiate a redetermination for the child's medical eligibility. Once you have redetermined eligibility for the child, you can make a decision about the child's medical program.

Grandmother needs to reapply for the child so that the child's MAA that began with her mother can be redetermined. If the child is eligible for MAA with the grandmother, give her a new 12-month MAA review period

If the child is eligible for OHP with the grandmother, certify a new 12-month OHP period.

You can convert to CEM for the balance of the 12 months that began with the mother if any of the following are true:

- 1) the child is not eligible with the grandmother;
- 2) the grandmother declines to apply for medical for the child; or
- 3) the grandmother applies and does not follow through with the application so you have to deny the application.

Question 21: When should we pend for verification of income received in the budget month?

Answer 21: Income is anticipated at the point of initial processing. Any income already received at the point of processing the initial pend notice should be verified. I.e., if the worker is able to determine the client should have been paid, we must pend for verification of the payment.

For example, a client paid on the fifth and the 20th whose DOR is 10/15. If the application is initially worked before 10/20, we should only pend for income verification from the 10/05 pay date. If the application is initially worked on or after 10/20, we would pend for income verification from both 10/05 and 10/20 pay dates.

Unfortunately, some workers were waiting until all anticipated income at the point of processing could be verified before determining eligibility. For example, if the client was ineligible using 10/09 income and the worker floated the budget month to 11/09, the some workers were making the client wait until after all 11/09 pay could be verified.

Question 22: If a client is working, should they be pended to apply for UC?

Answer 22: If the client is working 30 hours a week or more, narrate they have good cause not to apply for UC. (Please remember, this is for UC when it is an asset, not for UC as part of the deprivation criteria).

If the client is part-time but indicates their hours will increase soon, monitor the situation for MAA/MAF and pend later if the hours do not increase. (Depending on the situation, "later" could be at the next redetermination.) For OHP, cert or recert and resolve at the next recertification.

For all others, it is safest to pend for a UC decision. The WBA may change when the client applies for UC, so we cannot really go by it.

Question 23: When a client has been referred to PMDDT will there be a CM case showing this?

Answer 23: Yes. There will be a CM case while PMDDT is making an eligibility decision.

While the case is in pending status (PD), it will be a P2 case with a "PMP" case descriptor.

During the PMDDT eligibility process, clients may be required to have an administrative examination with a physician. DHS is required to pay for this exam if a client cannot afford to. When DHS has to pay for an exam, the P2 case will be in vendor pay (VP) and be coded with "PMP" and "ADM" case descriptors. The "ADM" case descriptor is used to denote when the agency is paying for an administrative exam.

If you have any questions about this information, contact:

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