

Karen House, Manager CAF SSP Medical Programs  
 Dale Marande, Manager SPD Medical Programs

**Number:** SS-PT-09-031

**Authorized Signature**

**Issue Date:** 09/15/2009

**Topic:** Medical Benefits

**Transmitting (check the box that best applies):**

- New Policy   
  Policy Change   
  Policy Clarification   
  Executive Letter  
 Administrative Rule   
  Manual Update   
  Other: \_\_\_\_\_

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <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 checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): CAF SSP transmittal group |

Policy/Rule Title:	Healthy Kids, EXT, OHP Reservation List		
Policy/Rule Number(s):	Healthy Kids: 461-001-0000, 461-101-0010, 461-110-210, 461-120-0125, 461-120-0210, 461-120-0315, 461-120-0345, 461-120-0310, 461-120-0510, 461-135-1149, 461-135-1100, 461-150-0055, 461-160-0015, 461-160-0700, 461-180-0085, 461-180-0090, 461-155-0225, 461-115-0705, 461-155-0630, 461-135-0990  EXT: 461-135-0095, 461-135-0096, 461-145-0130, 461-155-0175  OHP Reservation List: 461-135-1125, 461-115-0030, 461-115-0050	Release No:	
Effective Date:	October 1, 2009	Expiration:	
References:	Family Services Manual <a href="#">MA.E</a> (08ma-e)		
Web Address:			

**Discussion/Interpretation:** Numerous medical program rules are being amended and one new rule added effective October 1, 2009. Most of the October medical policy

changes are to support Healthy Kids, including changes to OHP income averaging; the elimination of the OHP-CHP resource limit; an increase in the OHP-CHP income limit to 201 percent of the Federal Poverty Level; a decrease in the OHP-CHP uninsurance waiting period from six to two months; significant changes to noncitizen policy for all Medicaid and OHP-CHIP children; the addition of new policy to support up to 12 months continuous eligibility for non-CAWEM children under age 19.

Other October changes that are not part of Healthy Kids include the elimination of Extended Medical program quarterly reporting requirements and an update on the OHP Standard Reservation List.

**Healthy Kids (HK):** Healthy Kids policy changes are to support increased access to health care benefits for children. In addition to the October 2009 policy changes, there will be additional Healthy Kids policy changes for January 2010.

### **HK OHP Budgeting Changes**

Effective October 1, the OHP-OPC, OHP-OP6, OHP-CHP, OHP-OPP and OHP-OPU eligibility income calculation changes from a three-month average to a two-month average. Calculate the two-month average using the income from the budget month and the month prior to the budget month.

- Effective October 1, if not eligible using the two-month average, eligibility for OHP-CHP may be determined using budget month income only (even if there is no DV).
- When calculating budget month income, count income already received in the budget month and income anticipated to be received. Do not delay benefits by requiring verification of income not yet received.
- OHP-OPU will also use the two-month average. OHP-OPU eligibility does not allow using budget month only unless there is DV.

### **HK OHP-CHP Only Policy Changes**

Effective October 1:

- There will be no resource limit for OHP-CHP.
- The OHP-CHP income limit will increase to 201 percent of the Federal Poverty Level. The revised DHS 5530 standard chart will be available October 1.

**Note:** *The new 201 percent FPL OHP-CHP income limit means that pregnant children from 185 percent up to 201 percent of the FPL may qualify for OHP-CHP. However, they will not have protected status: we will have to end their medical when they lose all eligibility. Children born to OHP-CHP recipients will be Assumed Eligible Newborn Medicaid children and deemed eligible for Medicaid for one year.*

- Except for Kaiser Child Health Program children (see 461-135-1100), effective October 1, OHP-CHP children may not have private major medical coverage currently or in the last two months.
- The OHP-CHP two-month waiting period may be waived in certain circumstances. Effective October 1, a new waiver reason will be added. Waive the two-month wait if the child lost health care coverage due to the loss of a parent's employment.

### **HK Change to Medicaid/OHP-CHP Alien Status Requirement for Children**

- Effective October 1, Lawful Permanent Residents (LPR) under age 19 do not have a five-year wait from the date LPR status is approved. The change applies to all Medicaid and OHP-CHP children.

**Note:** *Reports listing children on CM cases who are potentially eligible for OHP Plus medical benefits will be provided for worker review.*

- A new CM system LPR need/resource item will be added for October 1 to track the LPR status begin date ("date of entry"). Once the child turns age 19, they may need to be converted to CAWEM only benefits.

**Note:** *There will be new citizenship/alien codes added to Person Alias/Update screen, but they will not be ready by October 1. A separate transmittal will be sent when the new Person Alias/Update fields are available.*

### **HK Continuous Medical Eligibility**

Effective October 1, non-CAWEM children under age 19 who lose eligibility for EXT, MAA, MAF, OHP, OSIPM and SAC may be entitled to receive Continuous Eligibility for Medicaid (CEM) or Continuous Eligibility for CHIP (CEC).

To support the new CEM/CEC policy, all MAA/MAF children must be given a 12-month review period. Do not adjust the MAA/MAF review period to match the FS or other DHS program end date.

CEM/CEC eligibility is only for children who have been approved for EXT, MAA, MAF, OHP, OSIPM or SAC. Once determined or redetermined eligible for one of those programs, children may receive CEM or CEC under certain conditions:

- They are under age 19.
- They meet the alien status requirement for Medicaid or OHP-CHP.
- They lost eligibility for EXT, MAA, MAF, OHP, OSIPM or SAC within 12 months (excluding prorated months) from their initial approval date or most recent redetermination.

CEM/CEC medical ends when the child has had medical for the balance of their current 12 month period, turns age 19, moves out of state or voluntarily requests closure.

**Note:** *To support the new process, MAA/MAF redetermination dates will be established using new MAA or MAF need/resource items. The TANF and OSIPM redetermination date will remain with the RVW date field on the UCMS screen.*

**Extended Medical:** The American Recovery and Reinvestment Act of 2009 (ARRA) states the option to allow a family who is eligible for and receiving MAA/MAF and go over the income limits due to an increase in earned income to be approved for 12 months of EXT without quarterly reporting requirements. Effective October 1:

- EXT based on an increase of earned income will no longer have quarterly reporting requirements.
- The DHS 7475 reports will no longer be mailed.
- EXT based on an increase in earned income should be approved using the AE2 need/resource item. The end date should be for 12 months of EXT.
- EXT based on an increase in earned income will no longer need to meet the three-of-six months MAA/MAF in order to qualify for EXT. The PIE coding will be eliminated and CM cases with the PIE coding will be converted to EXT for October 1.

**Note:** *Please note that the policy for EXT based on an increase in child support policy has not changed. The family must meet the three-of-six MAA/MAF requirement. The eligibility period is four months.*

**OHP Reservation List Update:** DMAP is waiting for federal approval to reopen the OHP Standard Reservation List to all Oregonians. Until DMAP has received approval, the 2009 OHP Standard Reservation List will remain open only to requesters from the 2008 list who were not selected. For more information, please see the [DMAP AR-09-002](#) OHP Standard Reservation List Update transmittal.

**Implementation/Transition Instructions:** Revise branch procedures as needed.

**Training/Communication Plan:** Various October 2009 Medical Policy Training dates will be offered to SSP staff over the next couple of months. These trainings will be held via Video-conference (VCON) or Netlink. The SSP Training Unit will send a training announcement soon.

**Local/Branch Action Required:** Review and discuss new policy;

**Central Office Action Required:** Amend rules and add new CEM/CEC rule. Update training material, coordinate computer system changes with OIS, revise notices, add new notices, incorporate new policy into training material.

**Field/Stakeholder review:**       Yes       No

**If yes, reviewed by:**

**Filing Instructions:**

*If you have any questions about this policy, contact:*

<b>Contact(s):</b>	The appropriate SSP and SPD medical policy analyst.		
<b>Phone:</b>		<b>Fax:</b>	
<b>E-mail:</b>			