

Carolyn Ross
Authorized Signature

Number: SS-IM-04-001
Issue Date: 03/09/04

Topic: Medical Assistance Programs

Subject: *Verification for American Indian/Alaska Native Exemption*

Applies to (check all that apply):

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

Message:

As you may know, the American Indian and Alaska Native exemption policies for medical assistance programs were changed effective January 1st. Prior to January 1st, the exemptions only applied to American Indians and Alaska Natives who could verify tribal membership. Now, persons who verify eligibility for benefits through an Indian Health Program may also be exempted.

Verification

As verification that a client is eligible for benefits through an Indian Health Program, a client will be able to provide a letter from their local Indian Health Service clinic on U.S. Department of Health and Human Services letterhead. The letter will indicate the client is eligible for health care through that clinic or center.

CM System Coding

Individuals verifying that they meet the exemption receive the HNA case descriptor.

Policy Exemptions

The American Indian/Alaska Native exemptions include the following:

- Premium requirement under OHP-OPU program (461-135-1120);
- Requirement to pursue FHIAP eligibility under OHP-OPU program (461-120-

0345);

- Managed care enrollment (410-141-0060); and
- Medical assistance program copayments (410-120-1230).

If you have any questions about this information, contact:

Contact(s):	Joyce Clarkson (503) 945-6106 Roger Staples (503) 945-6072
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