

IM-178
1998

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF FAMILY SERVICES

P.O. BOX 88

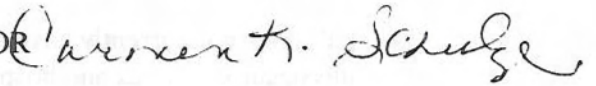
JEFFERSON CITY, MISSOURI

December 31, 1998

MEMORANDUM

TO: ALL AREA COUNTIES AND DIRECTORS

FROM: CARMEN K. SCHULZE, DIRECTOR



SUBJECT: MC+ UNINSURED CUSTODIAL PARENTS
FORMS MANUAL REVISION #40: IM-32MC, IM-33MC,
IM-33MCC AND INSTRUCTIONS

REFERENCE: INCOME MAINTENANCE

DISCUSSION:

Missouri has received a Medicaid 1115 Waiver which allows health care coverage for **uninsured** Custodial Parents (CP) whose family income is at or below 100% of the Federal Poverty Level (FPL).

An **uninsured** Custodial Parent is defined as a person who is a biological or adoptive parent of a child under 19 years old in their home. The child will be on MC+ with level of care "Q". Other caretakers such as step-parents, grandparents, etc. are not eligible.

On January 1, 1999, begin accepting applications for this group. Coverage can not begin for CP's until 02/01/99. The earliest date of eligibility is the date of application, or 02/01/99, whichever is later. No prior quarter coverage is allowed for the custodial parents.

ELIGIBILITY CRITERIA

To qualify for MC+, Custodial Parents' must meet the following eligibility criteria:

- Uninsured
- Net income at or below 100% FPL

- Eligible child(ren) in the home
- Age (19 years old and over)
- Social Security Number
- Residence
- Citizenship/ Alien Status

UNINSURED:

The uninsured requirements are the same as those used to determine eligibility for MC+ level of care "1" and "2" children. Refer to Memorandum IM-87 dated July 23, 1998.

In summary, the requirements are:

- CP does not currently have health insurance which minimally provides coverage for physician's services and hospitalization; and
- CP must not have dropped health insurance without good cause within the six months prior to application.

The HIPP and TPL requirements are also the same as for the MC+ CHIP program. A HIPP referral should be made any time health insurance is available to the **uninsured** custodial parent. The HIPP Unit will determine if it would be cost-effective to pay the premiums for this individual. If determined cost-effective, the custodial parent can enroll in the health insurance plan and HIPP will pay the monthly premiums. Any custodial parent insured because HIPP is paying the premiums, is considered to be uninsured for the purposes of this program.

Third Party Liability (TPL) requirements also apply to the custodial parents. They must cooperate with Division of Family Services in identifying and providing information to assist the state in pursuing any third-party who may be responsible for their medical care. This would include parties responsible for personal injuries (such as an auto accident) or insurance policies that do not meet the definition of health insurance for MC+.

INCOME:

Assistance grouping (refer to Memorandum IM-21, dated March 27, 1996) and determination of income are the same as for MC+ for children. Income deductions and disregards are the same as allowed for MC+ for non-CHIP children. The net monthly income must be at or below 100% FPL for the CP to be eligible. The actual assistance group for the CP may be different than for the children due to the step-parent being a mandatory member of the CP's group.

If income is below Medical Assistance for Families (MAF) standards, reject the MC+ application and approve the parent(s) and children for MAF.

ELIGIBLE CHILD IN THE HOME:

To receive MC+, a parent must have a child in the home under the age of nineteen years. The child must receive MC+ with a level of care "Q".

AGE:

To receive as a CP, the parent must be 19 years of age or older. The reason for this is that if the parent is under 19 years old they should be eligible for MC+ as a child. Any LOC "Q" child who turns 19 and meets eligibility as a CP needs to be switched to that level of care.

The following eligibility criteria are the same as existing policy for MC+ for children:

SOCIAL SECURITY NUMBER

RESIDENCE

CITIZENSHIP/ ALIEN STATUS

There are no assets or resource limits for the program.

COVERAGE AND COST SHARING:

CP's approved for MC+ will receive a more restricted coverage package than that received by MC+ children and other adults under Medicaid. The package includes most of the services covered for adult Medicaid recipients. The major differences between this package and that received by other adult Medicaid recipients are:

- Non emergency medical transportation is not covered;
- Vision care is limited;
- Routine dental care is not covered;
- EPSDT services for CP's under age 21 are not provided.

For specific coverage questions, customers need to contact their health plan, provider, or Recipient Services at 1-800-392-2161. Eligible CP's will be enrolled in MC+ managed health care where available. Services will be provided fee-for-service where managed health care is not available.

Cost sharing will be \$10 at the time of each provider visit and \$5.50 to \$7 for each prescription. The copayment amount is based on the actual cost of the product being dispensed. Cost sharing is due at the time the customer receives medical attention. Failure to pay the cost sharing at the time of service can result in denial of service.

APPLICATION PROCEDURES:

On active MC+ cases with income at or below 100% FPL, the customer will be sent a system generated letter (sample attached) stating that they may be eligible for MC+ as a CP. It will be their responsibility to return it filled out and signed. The date it is received in the DFS office will be considered the application date. You will be notified in January of the date the letters will be sent. If there is no response by the customer, then it will be assumed that that the CP does not wish to receive MC+ health care coverage. For letters returned, record the eligibility decision in the record. Send an IM-32 MC to notify of the approval. If an individual is not eligible for MC+ as a CP, an IM-33 MC must be sent informing them of the decision. The customer has a right to request a hearing up to 90 days after the date of decision.

When processing an MC+ for children application, explore eligibility for the parents if they have checked that they are applying on the IM-1UA. The CP will be registered on the same C7 case as their children. A separate application is not required. All applications will be due before or by the 30th day.

If the parent(s) did not check the box to apply for themselves and their income is at or below 100% FPL, contact the parent(s) to see if health care coverage is needed. They may have been unaware of their potential eligibility as the current IM-1UA states MC+ is for children and pregnant women. A copy of the "attached sample letter" may be used to notify the parents of their potential eligibility.

EXAMPLES:

- 1) Ms. Smith applies for CP with her family on 01/10/99 and is found eligible for the program. Ms. Smith's coverage starts 02/01/99, (due to program coverage can not start until 02/01/99).
- 2) Ms. Jones sends her state generated letter back to her worker and it is received in the office on 02/10/99. Ms. Jones is found eligible for coverage. Her starting date of coverage is 02/10/99.

FORMS:

The following forms have been revised or created to handle MC+ decisions and applications:

- IM- 32MC, MC+ Approval letter, has been revised to notify both parents and children of eligibility decision.
- IM-33MC, MC+ Rejection letter, has been revised to notify individuals being denied.
- IM- 33MCC, MC+ Action Notice, has been produced to notify MC+ customers of closings and changes in level of care.
- IM-1UA, Application for MC+, is being modified to include information about the parent(s) eligibility.

SYSTEM CHANGES:

CP's will be registered on the same C7 case as their children. If eligible, the CP will receive a level of care "R". The weekly application control report will reflect the time frames under the MC+ section (Medicaid for Children). It is important to process all MC+ application as soon as possible. In placing a CP on a case, whether active or in application status, enter the following in IMU5:

- Field 5, enter "02" or "06" for applications or "35" for active cases.
- Field 6, reason for opening should be the same as normally used for MC+ for children.
- Field 13E will require a Medicaid starting date of 02/01/99 or later. It can not be earlier then the date of application.
- Field 13G will require level of care "R".
- Field 13-03 will require a code for insurance.
- Field 13F will require a second parent indicator, if necessary.

The system has not been programmed at this time to accept level of care "R", so approve the children and enter the parent as LOC "Z". When notified the system is ready, change the parent to LOC "R".

EDITS:

The following are edits (and possible causes) that will be received if an incorrect level of care is entered:

EDIT 429 -- INCORRECT LEVEL OF CARE FOR INCOME

This edit will appear in the following situations:

- a) Level of care "R" on case with net income below MAF.
- b) "R" entered for a person under 19 years old.
- c) Level of care "R" entered for person other than payee or 2nd parent.
- d) Must be a "Q" level of care on case.

NECESSARY ACTION:

- Review this memorandum with appropriate staff.
- Follow the procedures outlined in this memorandum to determine eligibility for MC+ program for uninsured custodial parents.

MJS

Distribution #2

MISSOURI'S MC+ SERVICE CENTER

Dear

Beginning February 1, 1999, Missouri's MC+ program offers health care coverage to uninsured custodial parents with family income at or below 100% of the federal poverty level. An uninsured custodial parent is defined as a biological or adoptive parent who has no health insurance and has not dropped insurance within the last six months without "good cause".

Eligible uninsured custodial parents will receive a package of health insurance benefits equivalent to those currently offered to Missouri State employees. Cost sharing for eligible parents will be \$10 for doctor visits and \$5.50 to \$7 for prescriptions.

Our records indicate there are persons in your household who may qualify for these benefits. If you wish to apply, please complete the bottom section of this letter and send it to the office identified below. The date we receive it will be your date of application. You will be notified once an eligibility determination is completed.

Sincerely,

MC+ Service Representative
Phone number _____

Policy No. _____

I wish to have eligibility for MC+ determined for the following persons:

NAME

Social Security #

_____. Citizen? YES ____ NO ____

_____. Citizen? YES ____ NO ____

If not a citizen, provide immigration status, registration number, and date of entry: _____

Do any of the persons listed above have health insurance? YES ____ NO ____ , If yes, who: _____

Has anyone lost health insurance in last 6 months? YES ____ NO ____ , If yes, explain when and why: _____

Is there a step-parent in the home? YES ____ NO ____ Who _____

Signature _____ Date _____

Day Time Phone: _____

RETURN TO: MC+ Service Representative : _____ Ld# _____

MC+ SERVICE CENTER

MC+ APPROVAL NOTICE (NON-PREMIUM GROUPS)

PURPOSE: To provide an applicant with an official notice of approval for MC+, including effective coverage dates and co-payment requirements. To be used only for the MC+ approvals for children not in the premium group and for custodial parents.

NUMBER OF COPIES AND DISPOSITION: Make two copies. Mail the original to the claimant at the time the Notice of Change Status (IM-5) is entered into the IMU-5 system. File a copy in the case record.

MANUAL REFERENCE: Income Maintenance Manual Chapter I, Section X

INSTRUCTIONS FOR COMPLETION: The form must be typed.

Complete Date, Case Name and Address as appropriate.

Dear: Enter the case name.

"On": Enter the date of application in the space provided.

"Based on your monthly income of \$": Enter the gross income used to determine the claimant's eligibility.

Name: Enter the names of all children who are approved for MC+ with a level of care of "Q", "1", or "2" and custodial parents approved for level of care "R".

Health Insurance #: Enter the individual's DCN.

Effective Date: Enter the beginning date of MC+ eligibility. The beginning date is as follows:

"Q" Level of Care:

1. The first day of the month of application; or
2. The first day of the third month prior to the month of application provided the applicant met eligibility requirements for assistance during this three month; or

If the claimant became eligible for assistance sometime during the three month period, eligibility for MC+ will begin on the first day of the month in which the claimant was determined eligible for assistance; or

3. The first day of the month that eligibility for assistance was established for each member of the assistance group;

"1", "2", or "R" Level of Care:

1. The date of application; or
2. If the claimant became eligible for coverage sometime after the month of application, eligibility for MC+ will begin on the first day of the month in which the claimant was determined eligibility for benefits.

Note: For Newborns, the beginning date of eligibility can never be earlier than the child's date of birth.

Co-Pay: Place an "x" in the box for each child with a level of care "2" and each parent with level of care "R" to indicate co-payments are required.

"The persons listed above will receive services through":
Mark the appropriate box. "MC+ managed care plan" if in a managed care region and "MC+ approved health care providers" if in a fee-for-service region.

In the last sentence before the worker signature, enter the name of the new caseworker (if known), and address and phone number of the local Division of Family Services office where the case record will be maintained. **DO NOT USE** Division of Family Services as a part of the address. Use only the post office box and not the street address (unless there is no P.O. box).

Policy No.: Enter the Case DCN in the blank space provided.

**MISSOURI'S
MC+ SERVICE CENTER**

1-888-275-5908

Dear _____

On _____ you submitted an MC+ application for health insurance. Based on your monthly income of \$ _____, the persons listed below have been approved for MC+.

<u>NAME</u>	<u>HEALTH INSURANCE#</u>	<u>EFFECTIVE DATES*</u>	<u>CO-PAY*</u>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

*The effective date and co-pay requirements are based on your monthly income and the person's age. If the co-pay box is checked, persons under age 19 will have to pay \$5 for each office visit. For a person over 19, a co-pay of \$10 for each office visit, and \$5.50 to \$7 per prescription is required.

Health insurance cards for the above persons will be sent to you within five days from the date of this notice. If health care is required prior to receiving the card(s), use this letter to obtain services from MC+ approved health care providers. For information about approved providers in your area, call 1-800-392-2161.

Depending on where you live, you will access your family's health insurance through either a health plan or approved health care providers. The persons listed above will receive services through:

- ☐ an MC+ health plan; or
- ☐ MC+ approved health care providers

If the "MC+ health plan" is checked above, you will be mailed an information packet to help you choose a health plan in your area.

If "MC+ approved health care providers" is checked, you will need to call 1-800-392-2161 about approved providers in your area.

It is important that you notify us if you have changes in your household, such as income, family size, or insurance. Also, please notify us if you move, because your health care providers may change. If you have questions or changes to report, call your MC+ Service Representative, _____, phone number _____. Please see enclosure for additional important information.

Sincerely,

MC+ Service Representative

Policy No. _____

MC+ DENIAL NOTICE (IM-33MC)

PURPOSE: To provide an applicant with an official notice of denial for MC+, including the reason for the denial.

NUMBER OF COPIES AND DISPOSITION: Make two copies. Mail the original to the claimant at the time the Notice of Change Status (IM-5) is entered into the IMU5 system. File a copy in the case record.

MANUAL REFERENCE: Income Maintenance Manual Chapter I, Section X

INSTRUCTIONS FOR COMPLETION: The form must be typed.

Complete Date, Case Name and Address as appropriate.

Dear: Enter the Case Name.

In the blank spaces, complete the appropriate entries as follows:

"We have reviewed your": Type the date of application in the space provided.

"...the following persons are not eligible for MC+": Enter the names of persons denied MC+

"You do not qualify because": Enter an explanation of the reason for ineligibility.

The explanation should include:

- o The circumstances of the claimant which resulted in the decision;
- o The eligibility factor involved; and
- o Reference to the specific law, rule and regulation, or manual reference on which the decision was based.

"You can request a hearing within 90 days from the date of this letter by calling": Enter the phone number of the local family service office or MC+ service center where the MC+ representative is stationed.

"For the possibility of free legal services, call": If Legal Aid Services are available, enter the name of the legal services group and phone number. If not available, leave blank.

File No.: Enter the case DCN in the blank space provided.

**MISSOURI'S
MC+ SERVICE CENTER**

1-888-275-5908

Dear _____

We have reviewed your _____ application for health insurance through Missouri's MC+ program. Based on information you reported on the application, the following persons are not eligible for MC+:

You do not qualify because _____

You have the right to appeal decisions made involving your application. You can request a hearing within 90 days from the date of this letter, by calling _____. If you request a hearing you may present your information yourself or you may be represented by your own attorney or by other persons who know your situation. You have the right to present witnesses in your behalf and to question witnesses who appear at the request of the MC+ Service Representative. For the possibility of free legal services, call _____.

Thank you for your interest in Missouri's MC+ program.

Sincerely,

MC+ Service Representative

File No. _____

MC+ NOTICE ACTION (IM-33MCC)

PURPOSE: To provide a customer with an official notice of action on changes for MC+, including date of action and reason for it. It should be used to inform the customer that the agency has taken action on MC+ to:

- close the case;
- end coverage for individuals no longer eligible for the program;
- change individuals to the premium group;
- change level of care on individuals.

Note: An IM-80 is required on the first three of above actions.

NUMBER OF COPIES AND DISPOSITION: Make two copies. Mail the original to the customer at the time of change of is entered into the IMU5 system. File a copy in the record.

MANUAL REFERENCE: Income Maintenance Manual Chapter I, Section X

INSTRUCTIONS FOR COMPLETION: This form may be written legibly in ink or typed.

Complete date, case name, and address as appropriate.

Dear: Enter the case name.

In the blank spaces, complete the appropriate entries as follows:

“We have taken the following action on your MC+”: check the appropriate box or boxes and complete the corresponding sections.

“MC+ health care coverage has been discontinued for”: enter the names of the persons action has been taken on. Enter the last date of coverage.

“You are now required to pay a ...premium...”: enter the names of the children moving to the premium group. Enter last date of coverage in their previous level of care, this should be 60 days from the date of the IMU5 entry.

“Other”: use this space to notify the family of level of care changes that do not require an IM-80, and the effect of the change. For example – you are now required to make \$5 co-payments for your children’s provider visits; or you are no longer required to pay a premium.

“The reason for this change is”: Enter an explanation of the reason for the action.

The explanation should include:

- The circumstances of the customer which resulted in the decision;
- The eligibility factor involved; and
- Reference to the specific law, rule and regulation, or manual reference, on which the decision is based. (A manual reference should be used only if no law or regulation is applicable.)

“You can request a hearingby calling”: Enter the phone number of the local Division of Family Services office.

“For the possibility of free legal services, call”: If Legal Aid Services are available, enter the name of the legal services group and phone number. If not available leave blank.

Policy No.: Enter the case DCN.

**MISSOURI'S
MC+ SERVICE CENTER**
1-888-275-5908

Dear _____

We have taken the following action on your MC+ Health Insurance:

☐ MC+ health care coverage has been discontinued for: _____

Last day of coverage is

MONTH

DAY

YEAR

☐ You are now required to pay a \$65 per month premium to continue coverage for: _____

You will be receiving premium payment information from First Health, the MC+ enrollment contractor.
Additionally, you will be responsible for \$10 co-payments for each office visit and \$5 for each prescription.

If the premium is not paid, coverage will end:

MONTH

DAY

YEAR

☐ Other: _____

The reason for this change is: _____

You have the right to appeal decisions made involving your MC+ eligibility. You can request a hearing within 90 days from the date of this letter by calling: _____

If you request a hearing you may present your information yourself or you may be represented by your own attorney or by other persons who know your situation. You have the right to present witnesses in your behalf and to question witnesses who appear at the request of the MC+ Service Representative. For the possibility of free legal services call _____

Sincerely,

MC+ Service Representative

Policy No. _____