

0346**MEDICALLY NEEDED AFDC-RELATED COVERAGE GR****0346.05****FAMILIES WITH AFDC CHARACTERISTICS**

REV:07/1994

Families with characteristics of AFDC and income and resources within the limits established for the Medically Needy (InRHODES Category Code 80) include:

- o AFDC-related families to include children under 18 and their caretakers;
- o AFDC-related pregnant women with no other eligible children;
- o AFDC-related children age 18 who are full time students in a secondary school or in the equivalent level of vocational or technical training, and who will complete school before their 19th birthday.

0346.10**QUAL PREG WOMEN--NO DEPRIV FACTOR**

REV:01/2002

A pregnant woman in a one or two parent family, without regard to the existence of a deprivation characteristic, whose income and resources are within appropriate limits at the time of the eligibility determination, is eligible for Medical Assistance as an individual for the duration of the pregnancy.

Eligibility exists provided that:

- o The pregnancy has been medically verified; and,
- o The family income and standards do not exceed the Medically Needy standards for the size of the family including the newborn.

Once the pregnant woman has been determined eligible, she remains eligible throughout the pregnancy and post partum period regardless of changes in family income.

0346.15**QUALIFIED PREGNANT WOMEN**

REV:01/2002

This coverage group is women whose pregnancy has been medically verified, and who would be eligible for FIP cash payment if the

child had been born and living with her. Family size includes the unborn. Once the pregnant woman is determined eligible, she remains eligible regardless of any change in family income.

0346.20

QUALIFIED POST PARTUM WOMEN

REV:01/2002

This coverage group is women who, while pregnant, were eligible for and received MA. The woman continues to be eligible, as though she were pregnant, for all pregnancy related and post partum medical assistance for a 60 day period beginning with the last day of her pregnancy.

Eligibility for this coverage extends to the last day of the month in which the 60th post partum day falls.

0346.25

NEWBORN CHILD OF MA ELIG MOTHER

REV:01/2002

This coverage group is children born to a woman who is eligible and receiving MA as Medically Needy on the date of the child's birth (InRHODES Category Code 90). The mother's basis of eligibility may be family or SSI-related.

The child is deemed eligible for one year from birth as long as:

- o The child resides continually in the mother's household;
- o The mother remains eligible for MA, or would have remained eligible if she were pregnant.

To determine if the newborn is living in the mother's household, the eligibility technician will use the rules of the cash assistance program related to the mother's eligibility.

Changes in the mother's family income never effect the newborn's deemed eligibility because, if still pregnant, the mother would remain eligible regardless of changes in income. If the mother loses eligibility because of changes other than income, the eligibility technician must determine whether she would have remained eligible on any basis if she were still pregnant.

An infant born to an eligible pregnant woman has automatic MA enrollment for the first year of life whether the mother qualifies through a cash assistance program (FIP or SSI) or through Medical Assistance only. This eligibility exists even

if the mother becomes ineligible for FIP or SSI, provided the mother is currently eligible for MA or would be if she were still pregnant.

0346.25.05

Newborn Enumeration Requirement

REV:01/2002

Although the mother need not file a separate application for coverage for the newborn, she is required to cooperate with the agency in the enumeration process. Enumeration is a requirement of eligibility for the newborn. However, failure to enumerate the child results in a sanction against the mother, not the child.

The child will remain eligible even if lacking a social security number because of mother's failure to cooperate.

Medical Assistance coverage under this group is the "last resort" for newborns. Whenever possible, staff should determine a child eligible under the Section 1931 or under another coverage group before certifying the child for Medical Assistance as a newborn.

0346.25.10

Newborn Case Processing

REV:01/2002

Although the newborn is deemed eligible at birth, the birth itself is a change in household composition which has substantial eligibility ramifications. The introduction of a new household member(s) requires the worker to redetermine eligibility for the family unit as a whole, as well as the newborn. The redetermination process is completed within thirty (30) days from the date the district office receives notification of the birth.

Operating procedures vary, depending on how the district office becomes aware of the birth and on whether the mother is enrolled in managed care. In some instances the hospital or HMO may inform DHS of the birth, or the mother, or guardian of the infant, may inform the district office of the birth directly.

For a newborn child born to a mother not enrolled in managed care, the district office will receive a copy of the hospital birth record from the hospital where the birth occurs. Subsection 0346.25.10.05, below, describes the function of the hospital birth record.

For a newborn born to a mother enrolled in managed care, the hospital will notify the mother's HMO through their billing process and the HMO will subsequently send a Health Plan Status Change Reporting Form (RC-80HP) to the Center for Child and Family Health (CCFH). The birth hospital may also issue a hospital birth record to the mother which will allow the mother to report the birth to DHS directly. Refer to section 0348.75.10 for guidance relative to newborn enrollment into managed care.

Either the Health Plan Status Change Reporting Form or the hospital birth record is acceptable verification of the birth.

Upon notification, the worker evaluates the change in circumstances brought about by the birth by redetermining eligibility for the family unit.

0346.25.10.05 Hospital Record of Birth

REV:01/2002

Certain in-state hospitals with maternity units have agreed to assist DHS in establishing MA eligibility for newborns by completing a hospital birth record form.

The hospital record of birth contains:

- o Newborn's name, date of birth and sex;
- o Mother's name; and,
- o Information regarding whether the child was discharged in the mother's care.

The document must bear the original signature of the hospital's representative authorized to sign the hospital record of birth.

The authorized representative must be an individual designated as keeper of the facility's official records.

The original of the hospital birth record is given to the mother at the point of discharge from the hospital, and a copy is attached to the hospital bill for the newborn that is sent to the Division of Medical Services.

This document is reliable alternate evidence of:

- o The age of the child;
- o The relationship of the child to the mother; and,
- o The U.S. citizenship of the child.

The birth record serves as initial documentation for the field staff to add a child to the Medical Assistance case.

Note: This document does not establish paternity for a child born out of wedlock. Paternity for eligibility determination purposes is established only when an adjudication is made by Family Court, or when the official birth certificate issued by the Division of Vital Statistics lists the father's name.

0346.25.15 Determination of Newborn Elig

REV:07/1994

When the eligibility technician determines if the child is eligible for inclusion in the mother's Medical Assistance case, there are two possible resolutions:

- o The child is eligible as a "Poverty Level" child; or,
- o The child remains eligible as a newborn.

0346.25.15.05 Newborn Inclusion in Mother's Case

REV:01/2002

The newborn is added via InRHODES for Medical Assistance Only recipients. The fiscal unit will be notified electronically by InRHODES of the inclusion of the newborn in the mother's FIP case.

0346.25.15.10 Newborn not in Mother's Case

REV:07/1994

The eligibility technician determines eligibility for the child as a "Poverty Level" or "Ribicoff" child (Section 0344). If eligibility under one of these groups exists for the child, Medical Assistance is authorized via InRHODES in the normal manner.

0346.25.15.15 Elig Remains as a Newborn

REV:07/1994

If eligibility cannot be determined to exist in any other group, it continues to exist for the child as a newborn for as long as the mother:

- o Remains eligible for and receiving Medical Assistance, or would be eligible for Medical Assistance if she were pregnant;
- o The child remains living with her; and,
- o A reasonable effort is made to fulfill newborn enumeration requirements.

At a minimum, the child must be authorized Medical Assistance coverage for the period from the date of birth until the expiration of the ten-day notice period.

When the mother becomes ineligible, and/or eligibility for the newborn terminates, the client must be given a ten-day notice of impending termination.

0346.25.15.20 Example of Newborn Elig

REV:01/2002

Example: Mother is eligible at the child's birth as a Medically Needy pregnant woman. Her eligibility continues to the end of the month in which the 60th postpartum day falls. The mother takes no action to secure continuing assistance for herself and/or the child, ignoring a contact letter sent to there by the district office upon receipt of the hospital notification of birth.

Because the mother takes no action the child cannot be determined eligible in his/her own right under any provision other than as a newborn. Medical Assistance eligibility for the mother continues only until the end of the month in which the 60th postpartum day falls.

A notice of impending termination must be sent to the mother at least ten days prior to the date eligibility for mother terminates.

Failure of the mother to cooperate does not result in termination of coverage of the newborn since an infant eligible under the newborn provision is eligible for the first year of life. If recertification is unsuccessful, or if recertification

is successful and eligibility under another provision is not found, eligibility remains for the newborn until the first birthday.

Example: Mother, a MA only Medically Needy recipient, gives birth on November 11, 1994. The agency becomes aware of the birth from the hospital bill, accompanied by a hospital birth record.

The hospital birth record is forwarded to the district office attached to the MA-526NB. The eligibility technician contacts the mother, who declines to file a formal application on behalf of the child. The mother does cooperate in the enumeration process by completing an application for a Social Security Number for the child. The child remains Medically Needy for Medical Assistance as long as s/he remains living with the mother and the mother remains Medically Needy. An interim redetermination must be conducted after six months to ascertain that the mother is still eligible for MA, or would be eligible if pregnant, and the child is still living with the mother.

0346.25.20

Newborn's Loss of Eligibility

REV:07/1994

Events which result in the child's loss of eligibility under the newborn provision are:

- o The mother loses eligibility for a reason that would result in her ineligibility even if she were pregnant, or there is a break in her eligibility;
- o The child moves from the mother's house;
- o The child is placed with potential adoptive parents either directly from the hospital or subsequent to discharge;
- o The child attains one year of age.

Notification must be sent to the mother ten days prior to terminating Medical Assistance for the newborn.

0346.30

RIBICOFF CHILD

REV:01/2002

This coverage group is children who are born after September 30, 1983, are under age 19, and whose family meets Medically Needy resource and income standards. A deprivation characteristic does not exist. Ribicoff coverage does not qualify the child's caretaker relative for Medical Assistance.

0346.35

NON IV-E FOSTER CHILD UNDER 18

REV:01/2002

This Medically Needy coverage group is children under age 18 or if 18, will complete high school or technical training before their 19th birthday, who are in foster family care and are not eligible for Title IV-E. The basis of eligibility for Medical Assistance is deprivation of parental support by the child's separation from his/her family.

This coverage group includes:

- o Children placed in foster care by the Department of Children, Youth and Families (DCYF);
- o Children placed in foster care by private, non-profit child caring agencies; and,
- o Children in group care serviced by private, non-profit child caring agencies.

The determination of financial need of a child not living in a home maintained by the child's parents or other relatives considers only the child's own income and resources. A child is determined to be Medically Needy if his/her non-excluded resources are within the Medically Needy resource limit and income is less than the Medically Needy limit for one.

0346.35.05

MA Foster Care Case Processing

REV:01/2002

Within ten days of the child's placement in foster/group care, DCYF Medical Benefits Unit completes the MA application for subsequent referral to the MA Foster Care Unit.

The MA FOSTER CARE UNIT located in the DHS Regional Office in Providence, is responsible for:

- o Processing MA applications for children placed in foster family care or group care by DCYF or private, non-profit child caring agencies;

- o Children in group care serviced by private, non-profit child-caring agencies.

The determination of financial need of a child not living in a home maintained by the child's parents or other relatives considers only the child's own income and resources. A child is determined to be Medically Needy if his/her non-excluded resources are within the Medically Needy resource and income limits.

0346.40.05 MA Foster Care Case Processing

REV:07/1994

Within ten days of the child's placement in foster/group care, DCYF Medical Benefits Unit completes the Statement of Need for subsequent referral to the MA Foster Care Unit.

The MA FOSTER CARE UNIT, located in the Regional Office at 111 Fountain Street, Providence, Rhode Island 02903 is responsible for:

- o Processing MA applications for children placed in foster family care or group care by DCYF or private, non-profit child caring agencies;
- o Determining the basis of MA eligibility (Categorically Needy or Medically Needy);
- o Maintaining records, files, controls and reports for this coverage group.

Prior to the final determination of eligibility, the MA Foster Care Unit will transmit a temporary ID for medical benefits to DCYF Medical and Benefits Unit.

0346.40.10 Responsibility, Child Care Agency

REV:07/1994

The child care agency has the continuing responsibility to notify the MA Foster Care Unit of any change in circumstances for the Foster or Group Care child. The change in circumstance could be a change in placement or a change in the child's income or resources.

When a child is no longer in the agency's care, notification and return of the medical identification card is made to the

voluntary termination from a job or a refusal of employment;

- o Not be full-time students except as allowed in Section 0906.20;
- o Have income and resources within the Medically Needy limits.

0346.50.05 Treatment of Income

REV:07/1994

In-kind services and shelter provided by a sponsor or resettlement agency are not considered as income to the refugee when determining financial eligibility for RMA.

Direct cash payments to the refugee from a sponsor or resettlement agency are counted as unearned income.

0346.50.10 Eight Month Limitation for RMA

REV:07/1994

Receipt of RMA under the characteristic of "refugee" is limited to the first eight (8) months in the United States, beginning with the month the refugee initially entered the United States, or the entrant was issued documentation of eligible status by the Immigration and Naturalization Service. (See 0908.10.05)

0346.50.15 Extended RMA Coverage

REV:07/1994

If a refugee receiving Refugee Cash Assistance becomes ineligible solely due to increased earnings from employment, the refugee's RMA is extended, at the same level of care, for four months or until the end of the eight month limitation, whichever comes first.

0346.50.20 Termination of Elig for RMA

REV:07/1994

A refugee who is terminated from RCA because of failure or refusal to participate in the employment-related requirements (Sections 0906.10 ad 0906.20) is also terminated from RMA. The RMA termination applies only to the sanctioned individual.