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SSP Medical Programs

Authorized Signature

Number: SS-IM-07-019

Issue Date: 10/1/2007

Topic: Medical Benefits

Subject: Overview of October Medical Policy Changes

Applies to (check all that apply):

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

Message: Self Sufficiency medical programs have several policy changes for October 1, 2007.

CHIP SSN requirements: Effective October 1, SSNs will be required for CHIP children. Just as with Medicaid applicants, we will need an SSN for each CHIP child before starting medical benefits. For both CHIP and Medicaid, if an SSN is provided but not verified, do not delay opening benefits but verify as soon as possible after opening benefits.

Cash medical support: Cash medical support is cash support dedicated to help pay for medical expenses. Beginning 10/1, when support orders are written, there will be an evaluation of cash medical support in addition to the usual cash support and health care coverage.

As required by HB 2125, parents of Medicaid children must assign their rights to cash medical support to DHS, much as TANF clients assign their rights to child support. DCS will divert current cash medical support payments to DMAP to reimburse DMAP for medical service claim payments. Cash medical support payments will display on the SMR1 screen.

If the parent of a Medicaid child receives cash medical support from DCS or an absent parent after the Medicaid has been opened, the parent receiving the cash medical support is to turn the money over to DHS.

NOTE: A separate transmittal will be distributed describing the SMR1 screen and how

to access and read it. The transmittal will also include an overview of how to process cash medical support and child support payments submitted by clients to their local DHS office.

Cash medical support is excluded income for all but FS and ERDC, i.e., it is not added to the income used to determine eligibility for TANF, REF, REFM, SCHIP or Medicaid. For FS, part or all of the payment may be countable income, depending upon whether it is used to reimburse a medical cost. If used to reimburse an actual medical cost, cash medical support is excluded for FS.

Until all the forms and procedures have been revised, if you receive any requests from DCS to sanction for non-cooperation with cash medical support, please contact one of the medical program analysts listed below.

CM System change: Effective October 1, we will be able to combine TANF with non-MAA medical. A person coded “AD” or “CH” on a program 2/82 case will not be limited to MAA medical. For example, the same person on the 2/82 case could get cash and EXT (instead of cash and MAA).

Change to how we count the “3 of 6” months on MAA/MAF for EXT: Effective October 1, we will not count any month on MAA/MAF towards the “3 of 6” months if the only reason the MAA/MAF is open is to send a 10-day notice or a due process pend.

For example: *If a TANF/MAA family reports going over income for TANF/MAA on October 25, we’d send a 10-day notice to close the TANF November 30, but convert to TANF/EXT effective November 1 (as allowed by the CM system change described above).*

Changes to support TANF reauthorization: Effective October 1, SSP medical will implement changes to support TANF reauthorization.

- The Post-TANF stipend will not count for any medical program, including OHP.
- Along with other TANF payments, cash grants to State Family Pre-SSI/SSDI (SFPSS) clients will not count in the month of receipt.
- Families receiving SFPSS and two-parent families receiving cash grants based on underemployment or unemployment are no longer assumed eligible for MAA; eligibility for TANF related medical will be a separate eligibility decision. Although technically a separate decision, SFPSS and two-parent “UN” families should all be eligible for MAA medical.

Revised DHS 415F and OHP 7210 applications: Effective October 1, new 415F and 7210 revisions will be implemented. For medical, the changes include SSN language revisions and medical cash support assignment.

Training:

- An October 2007 Medical Policy Changes self-study packet is attached. Suggested ways to train using the self-study packet are included in the cover sheet.
- A video conference (VCON) training was provided September 24, 2007.
- NetLinks: An October Medical Policy Changes (C00388) was presented the morning of September 27. Additional netlinks are scheduled for:

October 11, 2007 1:00pm – 4:00pm

October 18, 2007 1:00pm – 4:00pm

To register, go to <https://dhslearn>

Questions?

Contact an SSP Medical Policy Analyst:

Joyce Clarkson 503 945-6106

Michelle Mack 503 947-5129

Carol Berg 503 945-6072

Or e-mail: SSP-Policy, Medical in GroupWise

If you have any questions about this information, contact:

Contact(s):	see above		
Phone:		Fax:	
E-mail:			

October 2007 Medical Policy Changes Training Packet

The October Medical Policy Changes Training packet has been created for individual self-study or as an in-office training. It includes an informational handout, examples, questions and answers and a Test Your Knowledge activity. Completing this self-study packet will take an individual approximately 15-20 minutes or require 30 minutes or more to deliver as in-office training.

Options for use of the Training Packet for In-Office Training

If the packet is used as an in-office training, here are some options to consider for the delivery of this mini-training:

- Review the informational handout as a large group.
- Remove the answers from the examples and go over as a large group.
- Remove the answers from the examples. Have small groups work some examples before going over them as a large group. As a large group, work the ones that seem more likely to be confusing or not be completed successfully by the small groups.
- Have participants complete the Test Your Knowledge Activity individually. After they have completed the activity, give instructions for small groups to compare their answers and attempt to resolve any differences. (This provides an opportunity for participants to teach each other as well as increases motivation to complete the activity.)

Afterwards, pass out the answer keys and have small groups check their work and mark any they have differences on or questions about. Then go over any areas of differences or confusion as a large group. Another option is to review the entire answer key as a large group after small groups have compared answers and resolved their differences as much as possible.

- Consider scheduling a 15-30 minute speaker-phone appointment with a medical analyst during the last portion of the planned training time. This speaker phone

appointment can be used for participants to ask any unanswered questions from the training or simply have further dialogue with a medical analyst about the changes. Contact the medical analysts by GroupWise or by phone to schedule a speaker phone appointment: Joyce Clarkson 503-945-6106, Michelle Mack 503-947-5129, or Carol Berg at 503-945-6072.

Please schedule as early as possible for availability.

Other Training and Resources Provided

A **Video Conferencing** training on the October 1st Medical Policy Changes was provided on **September 24th**. The VCON training included the same information as in this October Medical Policy Changes self-study training packet. Additional VCON sessions may be scheduled as needed in October or November.

October 1st Medical Policy Changes **Netlinks** will be offered on **September 27th** (AM), **October 11th** (PM), **October 18th** (PM), as well as future dates as needed/requested in both October and November. The information presented on the October Medical changes will be the same as in these self-study packets, but is another training option for staff. The Netlink format allows individuals to take the training from their own workstations and be able to interact with the instructor and other participants.

October Medical Policy Changes

CHIP SSN requirements

Effective October 1, CHIP applicants will need to provide social security numbers (SSN) or proof of application for an SSN. Parents or caretakers not applying for benefits are not required to provide their SSN.

For both CHIP and Medicaid clients, the SSN should be verified as soon as possible. If verification isn't immediately available, **do not delay opening benefits**. Workers can use W204 or TPQY as well as other available screens to verify the client's SSN.

What happens if a medical applicant does not provide their SSN?

CHIP and Medicaid applicants must provide or apply for an SSN or they are excluded from the need group for medical.

When should a worker verify social security numbers for CHP children?

For new applicants, a social security number must be provided before opening medical benefits. Do not delay opening benefits if verification isn't immediately available. If the SSN was not verified prior to opening Medicaid benefits, verify their SSN as soon as possible after opening benefits using screens or other sources available.

If unable to verify, send a pending notice requesting verification of their SSN. This process also applies to any Medicaid client, with the exception of AENs. (AENs do not need to provide an SSN until their AEN status ends.)

What can be used to verify a social security number?

An SSN can be verified by getting a copy of the SSN card. If an SSN card is not available other options include using W204, TPQY, BEIN, wage stubs, unemployment records, and federal income tax forms. (Refer to FSM, Multiple Program Worker Guide #2, *Verifying Client Information*)

Are there any exceptions to the SSN requirement for DHS medical clients?

Yes, in the BCCM, CHIP, EXT, GAM, MAA, MAF, OHP, OSIPM, QMB, and SAC programs, an individual is not required to apply for or provide an SSN if the individual is a member of a religious sect or division of a religious sect that has continuously existed since December 31, 1950 and adheres to its tenets or teachings that prohibits applying for or using an SSN.

Cash Medical Support

The Oregon Legislature passed House Bill 2125 that allows the Division of Child Support (DCS) to collect Cash Medical Support payments. Effective October 1, DCS will begin adding Cash Medical Support amounts to child support orders. Current child support orders will be modified over the next 2 years to include Cash Medical Support as determined by DCS. The number of clients receiving Cash Medical Support will increase gradually over time.

What is Cash Medical Support?

Cash Medical Support will be paid to custodial parents to help pay for their child's health care costs such as co-pays and deductibles if the child has health care coverage or to pay for an office visit, prescription or any other health care need.

What should workers know about Cash Medical Support?

- Parents of Medicaid children are required to cooperate with DCS in getting Cash Medical Support.
- The Cash Medical Support payment made via DCS is included with the child support payment.
- Do **not** count Cash Medical Support as income for any medical program.
- If an applicant or recipient receives child support, use the **SMR1** screen to determine if part of the child support includes Cash Medical Support.
- **Subtract** any Cash Medical Support received from the regular Child Support total.
- Count the amount of child support received, **minus** any Cash Medical Support as countable unearned income of the child when determining eligibility for any DHS medical program.
- Continue to count any other cash support as countable income.

NOTE: For FS and ERDC, Cash Medical Support payments received by parents for their children are counted as unearned income.

What should clients know about Cash Medical Support?

Unless good cause exists, parents of Medicaid eligible children are required to cooperate with DCS in obtaining Cash Medical Support. If the child is eligible for Medicaid and the child's parent is receiving Cash Medical Support payments, the child's parent must assign their payment rights to the department. The payments will be used to reimburse DMAP for the child's Medicaid payments.

Until all forms have been revised, if DCS asks a worker to sanction someone for failure to cooperate with Cash Medical Support, please call a medical policy analyst prior to taking action on the medical case.

NOTE: Parents of CHP children are not required to cooperate with DCS and are not required to assign their Cash Medical Support to DHS.

How do clients assign their Cash Medical Support rights to DHS?

By signing the application (revised 415F/7210) clients agree to turn over rights to their child's Cash Medical Support.

What happens if a client turns over their Cash Medical Support to DHS and their child incurs little or no medical costs?

DMAP will set an amount of cash medical support for DCS to send to DHS out of each Medicaid child's cash support payment. Once each year DMAP will refund to a client any cash medical support taken in excess of the actual DMAP medical claim payments.

For example, if DMAP takes \$100 per month of a child's cash medical support payment, but paid only \$75 out in medical service claims, DMAP will refund the client the \$25.

Effective Dates for EXT

Effective October 1, 2007 we will not count any months where the family continues MAA/MAF because of the need to send a 10-day notice or the due process pending period toward the “3 of 6” months rule for EXT eligibility.

If the client timely reports increased earnings or support that will put them over the MAA/MAF income limit, determine the last month of MAA/MAF eligibility. The last month of MAA/MAF eligibility is the EXT budget month and last month of the six months used for the “3 or 6” month criteria.

Example: Sandy and her children have been receiving MAA since September 10. Sandy reports timely on October 30 that she has started a full time job and will receive her first pay check in November. October becomes Sandy’s EXT budget month. Using October as the last of the six months of the “3 of 6” criteria, Sandy and her children are **not EXT eligible** because they were only on MAA for two months.

Example: Michelle and her two children, Anne and Sarah have been receiving MAA since September 4th. Sarah had a medical emergency on July 12th and was eligible for retroactive medical for that month. Michelle reports to you on October 2nd that she has just started a job and will go over income in October. Michelle and her two children are eligible for EXT starting November 1st. Retroactive medical counts towards the 3 months needed for EXT eligibility. Only one member of the MAA benefit group must have had MAA in any 3 of the last 6 months in order to make the whole family eligible. Sarah was eligible for MAA in July, September and October; Michelle and her children are EXT eligible.

Can I code an open TANF case with EXT?

Yes. System support is in place to allow a case to stay in cash pay and to have members on EXT at the same time. A person coded “AD” or “CH” on a program 2/82 case will not be limited to MAA/MAF medical.

Coding Example:

- Leave the case as program 2 or 82
- Change MED prg/# field from MAA to EXT.
- On CMUP change the C/D from MAA to EXT,
- Add N/R IE1 with 6 months

Do I still need to send 10-day notice when converting TANF/MAA to TANF/EXT?

No 10-day notice is necessary to convert from MAA to EXT. With the new system support, 2 or 82 TANF case can be combined with EXT, however, a 10-day close notice is still necessary to end their cash assistance. You do not need to keep the family on MAA/MAF while waiting to convert to a P2/M5 case.

Example: A family has been receiving TANF and MAA for the last 4 months. The mother reports on November 25th that she has gone to work full time. The worker would start EXT on December 1, and leave them on TANF through December sending the 10-day close notice ending TANF December 31.

Deprivation Changes

Since MAA/MAF are TANF-related medical programs, we are supporting TANF's change to deprivation for continued absence. For deprivation to exist, a child's parent can now visit in the child's home up to **30 hours/wk** or a total of 4 times/wk.

If Eric the absent father watches Trevor in the child's home M, W, F for 8 hours each and Lila who is Trevor's mother is applying for MAA, does deprivation exist?

Yes. The absent parent can visit in the child's home up to 30 hours/wk and the child is still considered deprived.

How to Count TANF Program Benefits

What is Post-TANF?

The Post-TANF stipend is a \$150.00 monthly payment for up to one year for TANF and Pre-TANF clients who go over income for TANF due to earnings.

How is the Post-TANF stipend counted for medical?

The Post-TANF stipend of \$150/mo will not count as income for MAA/MAF, EXT or OHP.

What is the State Family Pre-SSI/SSDI Program (SFPSS) grant?

It is a program that will offer services to TANF eligible adults pursuing SSI/SSDI. The program is voluntary and is funded from the State General Fund. Clients in this program must sign an Interim Assistance agreement that will recover for the State a portion of the grant once SSI is approved.

How is SFPSS grant income counted for medical?

For MAA/MAF, cash grants to State Family Pre-SSI/SSDI (SFPSS) will not count in the month of receipt. Any portion remaining following the month of receipt is counted as a resource.

For OHP, the SFPSS payments are counted as unearned income if all the people included in the benefit group for the cash payment are also in the OHP financial group. If any of the people receiving an SFPSS cash grant are not included in the OHP financial group, prorate their share and count it as unearned income.
(OAR 461-145-0410 Program Benefits)

How are Two-parent cash grants based on un/underemployment counted for medical?

For MAA/MAF, cash grants made to two-parent families based on un/underemployment will not count in the month of receipt. Any portion remaining following the month of receipt is counted as a resource.

For OHP, the two-parent payments are counted as unearned income if all the people included in the benefit group for the cash payment are also in the OHP financial group. If any of the people receiving a two-parent cash grant are not included in the OHP financial group, prorate their share and count it as unearned income.
(OAR 461-145-0410 Program Benefits)

October 2007 Medical Changes Test Your Knowledge

1. Who must provide an SSN when applying for medical?
 - a) CHP eligible children
 - b) OHP-OPU, OPP, OPC and OP6
 - c) MAA eligible families
 - d) All of the above
2. What are some ways you can verify an SSN if the client does not have their card?
3. T or F Only children who qualify for CHP must show proof of their SSN.
4. T or F Cash Medical Support is intended to assist with children's medical expenses.
5. T or F Only the parents of children receiving Medicaid are required to assign Cash Medical Support to the State.
6. When does a parent of a Medicaid child have to assign their Cash Medical Support payments to DHS?
7. How do they assign their Cash medical Support to DHS?
8. What do parents of Medicaid children do if they receive Cash Medical Support?
9. T or F Clients can claim good cause for not pursuing Cash Medical Support.
10. What self-sufficiency programs count Cash Medical Support as unearned income?

- a) OHP
- b) MAA
- c) TANF
- d) FS
- e) ERDC
- f) b & c
- g) d & e

11. How will you know what portion of the child support payment is intended for Cash Medical Support?

12. A client receiving TANF for the last 4 months calls you on October 23 to report that they have gotten a full time job that will start October 25 with their first pay date on November 15.

When does their EXT medical start?

When do you close their TANF benefits?

13. T or F If a client reports timely an increase in earned income or child support that puts them OVI for MAA/MAF, they automatically get EXT.

14. Dawn and her daughter Sophia have been receiving MAA for October and November and reports on November 28th that they are now receiving child support that puts them OVI for MAA. What do you do?

- a) Convert to EXT for 4 months and code EMS
- b) Close MAA effective November 30
- c) Follow due process requirements and leave on MAA, and send a pend notice for OHP eligibility.
- d) Leave on MAA. send a pend notice for income verification, code with a BED of January.

15. Up to how many hours can the absent parent visit in the child's home during a week in order for there to be deprivation?

- a) 12 hours
- b) 32 hours

- c) 30 hours
- d) 4 hours
- e) None of the above

16. Raven tells you that her child care provider for her youngest child Robin, age 4 is the absent father-Jay and he watches the child in her home Monday through Thursday from 10:00 am until 4:00 pm. The family is otherwise eligible for MAA. Does the 4 year old child meet deprivation?

17. T or F The absent parent can visit in the child's home every day of the week as long as it does not exceed more than 30 hours/wk for deprivation to exist.

18. T or F The \$150 Post-TANF stipend is counted as unearned income in the month received for OHP.

19. The SFPSS Program is:

- a) For families who are under/unemployed
- b) Given to anyone who receives SSI or SSDI
- c) A voluntary cash assistance program for people pursuing SSI/SSDI
- d) A program that requires clients to sign an Interim Assistance Agreement that will recover for the State a portion of the grant once SSI is approved.
- e) a & b
- f) c & d

20. T or F The State Family Pre-SSI/SSDI (SFPSS) cash grant is excluded for all medical programs.

21. How are two-parent cash grants based on un/underemployment treated in the month of receipt for MAA/MAF?

- a) Not counted in the month of receipt.
- b) Counted as a resource
- c) Prorated by the number of people in the TANF benefit group.
- d) Counted as earned income

October 2007 Medical Changes
Test Your Knowledge
Answers

1. Who must provide an SSN when applying for medical?

- a) CHP eligible children
- b) OHP-OPU, OPP, OPC and OP6
- c) MAA eligible families
- d) All of the above**

2. What are some ways you can verify an SSN if the client does not have their card?

W204, TPQY, BEIN, wage stubs, unemployment records, and federal income tax forms.

3. T or F Only children who qualify for CHP must show proof of their SSN.

4. T or F Cash Medical Support is intended to assist with children's medical expenses.

5. T or F Only the parents of children receiving Medicaid are required to assign Cash Medical Support to the State.

6. When does a parent of a Medicaid child have to assign their Cash Medical Support payments to DHS?

When they apply for DHS medical benefits for their child(ren).

7. How do they assign their Cash medical Support to DHS?

By signing the application (7210/415F) clients agree to assign their Cash Medical Support to DHS.

8. What do parents of Medicaid children do if they receive Cash Medical Support?

Parents of Medicaid children who receive cash medical support after the child's Medicaid has opened, must turn over their Cash Medical Support payments to DHS.

9. T or F Clients can claim good cause for not pursuing Cash Medical Support.

10. What self-sufficiency programs count Cash Medical Support as unearned income?

- a) OHP
- b) MAA
- c) TANF
- d) FS
- e) ERDC
- f) b & c
- g) d & e**

11. How will you know what portion of the child support payment is intended for Cash Medical Support?

DCS will make an additional screen available to DHS staff. The SMR1 screen will include cash medical support payment information.

12. A client receiving TANF for the last 4 months calls you on October 23 to report that they have gotten a full time job that will start October 25 with their first pay date on November 15.

When does their EXT medical start? **November 1**

When do you close their TANF benefits? **November 30**

13. T or F If a client reports timely an increase in earned income or child support that puts them OVI for MAA/MAF, they automatically get EXT.

14. Dawn and her daughter Sophia have been receiving MAA for October and November and reports on November 28th that they are now receiving child support that puts them OVI for MAA. What do you do?

- a) Convert to EXT for 4 months and code EMS
- b) Close MAA effective November 30
- c) Follow due process requirements and leave on MAA, and send a pend notice for OHP eligibility.**
- d) Leave on MAA send a pend notice for income verification, code with a BED of January.

15. Up to how many hours can the absent parent visit in the child's home during a week in order for there to be deprivation?
- a) 12 hours
 - b) 32 hours
 - c) 30 hours**
 - d) 4 hours
 - e) None of the above

16. Raven tells you that her child care provider for her youngest child Robin, age 4 is the absent father-Jay and he watches the child in her home Monday through Thursday from 10:00 am until 4:00 pm. The family is otherwise eligible for MAA. Does the 4 year old child meet deprivation?

Yes. Jay is watching Robin in her home 4 times in a week for a total of 24 hours.

17. T or **F** The absent parent can visit in the child's home every day of the week as long as it does not exceed more than 30 hours/wk for deprivation to exist.
18. T or **F** The \$150 Post-TANF stipend is counted as unearned income in the month received for OHP.

19. The SFPSS Program is:

- a) For families who are under/unemployed
- b) Given to anyone who receives SSI or SSDI
- c) A voluntary cash assistance program for people pursuing SSI/SSDI
- d) A program that requires clients to sign an Interim Assistance Agreement that will recover for the State a portion of the grant once SSI is approved.
- e) a & b
- f) c & d**

20. T or **F** The State Family Pre-SSI/SSDI (SFPSS) cash grant is excluded for all medical programs.

21. How are two-parent cash grants based on un/underemployment treated in the month of receipt for MAA/MAF?

- a) Not counted in the month of receipt.**
- b) Counted as a resource

- c) Prorated by the number of people in the TANF benefit group.
- d) Counted as earned income