

**NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
BISMARCK, NORTH DAKOTA
April 29, 2016**

IM 5275

TO: County Social Service Directors
Economic Assistance Policy Regional Representatives
Economic Assistance Policy Quality Control Reviewers

FROM: Carol Cartledge, Director, Economic Assistance Programs

SUBJECT: Policy Updates for ACA and Non-ACA Medicaid and Healthy Steps

PROGRAMS: ACA and Non-ACA Medicaid and Healthy Steps

EFFECTIVE: May 1, 2016

RETENTION: Until Manualized

**SECTIONS
AFFECTED:** 510-03-25-05 - Application and Review
510-05-25-05 - Application and Review
510-07-15-05 - Application and Review
510-03-25-25 - Decision and Notice
510-05-25-25 - Decision and Notice
510-03-35-15 - Caretaker Relatives
510-03-35-95 - Public Institutions and IMD's
510-05-35-95 - Public Institutions and IMD's
510-03-40-20, "Good Cause" - Child Support
510-05-53-15 - Continuous Eligibility Periods
510-03-53-15 - Continuous Eligibility Periods
510-03-85-13 - ACA Income Methodologies
510-03-90-30 - Budgeting Procedures When Adding and_Deleting
Individuals

Reviews (Applies to ACA and Non-ACA Medicaid and Healthy Steps)

Policy currently states a review must be completed within thirty days after a county agency has received information indicating a possible change in eligibility status, when eligibility is lost under a category (e.g. SSI to non-SSI), or when adding an individual to an existing Medicaid case. This is to clarify that this policy also applies when adding an individual as eligible who was previously in the household as ineligible.

When an individual is added to an ACA Medicaid Household, a review must be completed to process eligibility for the individual. Under ACA Medicaid, this will NOT affect the established household and will not change eligibility for anyone already eligible for any month the new household member is added.

Subsidized Adoption Reviews - PI 15-27 (Applies to Non-ACA Medicaid Only)

PI 15-27 issued by the Children and Family Services Unit on February 1, 2016 included the following section:

Medicaid Eligibility

Previous to this policy change, a copy of the annual subsidized adoption agreement has been shared with the County Social Services Medicaid Program to provide documentation the child's adoption continues. This was to meet the Medicaid annual review requirements for continued Medicaid eligibility.

Beginning February 1, 2016, the annual review for Medicaid purposes will be managed by the Medicaid state office.

This directive incorrectly stated the Medicaid state office will manage the annual review. The annual review for Medicaid purposes is still required and must be completed by the county. SFN 856, "Adoption Subsidy Agreement - Annual Review" for subsidized adoption, OR other confirmation from a state IV-E agency (in state or out of state) that verifies continued IV-E subsidized adoption eligibility fulfills the review requirement.

Caretaker Relatives (Applies to ACA Medicaid Only)

Policy currently states that caretaker relatives may be eligible for Medicaid under the Parents and Caretakers of deprived children and their spouses category when a child is residing with the caretaker/relative AND is eligible for Medicaid, Healthy Steps or enrolled in a health insurance policy which includes the minimal essential coverage's. When the child is NOT eligible for Medicaid (with no 'client share'), Healthy Steps or enrolled in a health insurance policy that meets the minimal essential coverage criteria, the caretaker relative is not eligible for any coverage. In addition, this policy applies to coverage under Medicaid Expansion in the same way, but does not apply if the caretaker relative is a pregnant woman or eligible under Medically Needy coverage.

Coverage for Inmates Receiving Inpatients Services (Applies to ACA and Non-ACA Medicaid)

IM 5260 provided policy and guidance for expanding Medicaid coverage to include Medicaid-covered services provided to an inmate who is admitted as an inpatient in a hospital setting. This policy is being expanded to also cover inmates who receive care as an inpatient in a nursing facility (nursing home), Psychiatric Residential Treatment Facility (PRTF) or an Intermediate Care Facility for the Intellectually Disabled (ICF-ID).

Note: This policy does not apply to inmates in a Tribal run jail.

Hierarchy of Category of Eligibility (Applies to ACA Medicaid and Healthy Steps Only)

A hierarchy of eligibility has been established for ACA Medicaid coverages. Any change to a lower coverage will require a 10-Day Advance Notice unless:

- The change occurs at the time a review is being completed, or
- The reason for the change meets one of the circumstances when a "Ten-Day Advance Notice" is not required

Following is a chart of the Coverage Hierarchy Order:

Coverage Hierarchy Order (Highest to Lowest)	COEs	DESCRIPTION
1	M098	Non IV-E State or Tribal Foster Care Children
2	M067, M095	ACA Children
3	M066	ACA Pregnant Woman
4	M063	ACA Parent/Specified Caretaker Relative
5	M086	ACA Transitional Parent/Specified Caretaker Relative
6	M088	ACA Extended Parent/Specified Caretaker Relative
7	M087	ACA Transitional Children
8	M061	ACA Extended Children
9	M078	Healthy Steps (CHIP) Children
10	M091	ACA Former Foster Care Child
11	M075, M069, M064	Women's Way
12	M062	ACA Adult 19 or 20
13	M058, M059, M077 M089, M060, M065	Adults Medically Frail
14	M076	ACA Adult Expansion
15	M081	Emergency Services

Example: A child eligible as ACA Medicaid cannot have eligibility changed to Healthy Steps (CHIP) without a 10-day advance notice, unless it meets one of the exceptions to the 10-day advance notice, as Healthy Steps is lower on the hierarchy chart. However, a child eligible as an ACA Transitional child can have eligibility changed to an ACA child without a 10-day advance notice as ACA child coverage is higher on hierarchy chart.

'Request for Absent Parent Information' Form (Applies to ACA Medicaid Only)

Upon authorization of eligibility for a legally responsible caretaker relative who is required to cooperate with child support, a 'Request for Absent Parent Information' form will be sent to the caretaker. The caretaker will have 10 days to complete and return the form to the Eligibility Worker. If the caretaker returns the completed form, the Eligibility Worker MUST enter the information provided by the caretaker into SPACES immediately, but no later than 25 days from the date the form was mailed to the caretaker. The form must be filed in the casefile and MUST NOT be mailed to the Regional Child Support office.

Continuous Eligibility Periods (Applies to ACA and Non-ACA Medicaid)

Effective with applications received on or after May 1, 2016, 'Continuous Eligibility' will no longer be established during the three months prior (THMP) period. Continuous eligibility may only be established from the first day of the application month, or if later, the first day that the individual becomes eligible for Medicaid other than medically needy. Continuous eligibility periods cannot be established when re-working a prior month.

When retroactive eligibility is approved for an applicant, the continuous eligibility period DOES NOT begin during any of the retroactive months. An individual may be Medicaid eligible during the retroactive months; however, their eligibility is based on their actual circumstances during those months.

Example: A family applies for Medicaid on May 8 and requests coverage for the THMP period of February, March and April. When processing the application and THMP months, the child is determined eligible as an ACA Child in February and March, Medically Needy with a 'spend down' in April and as an ACA child in May. The child becomes continuously eligible effective May 1.

ACA Income Methodologies (Applies to ACA Medicaid and Healthy Steps only)

ACA Policy currently states recurring lump sum payments of ACA Medicaid countable income received after application for Medicaid shall be prorated over the number of months the payments are intended to cover. Recent confirmation from CMS requires us to budget countable lump sum income, (recurring or non-recurring) as income only in the month received.

Health Tracks Referrals (Applies to ACA and Non-ACA Medicaid)

Federal legislation requires states to make available to all Medicaid-eligible children under age 21 comprehensive, periodic health assessment, dental, vision and hearing services, and "medically necessary"* follow-up diagnostic and treatment service.

With the implementation of SPACES, there has been a decrease in the number of referrals being made for Health Tracks. Due to the federal requirement, when approving a case that includes children under age 21 who are eligible for Medicaid, Eligibility Workers must manually create the ND Health Tracks Referral, print it locally and provide it to staff responsible for completing the screening in your county. In addition, the 'Health Tracks Initial History Questionnaire' form is automatically created and mailed at the time Medicaid Eligibility is initially authorized.

If you have questions, please contact your Regional Representative.