



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

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**INFORMATIONAL LETTER**

**TRANSMITTAL:** 05 OMM/INF-3

**TO:** Local District Commissioners

**DIVISION:** Office of Medicaid  
Management

**DATE:** August 16, 2005

**SUBJECT:** Questions and Answers, From the March 30, 2005 OMM Teleconference:  
Changes in Eligibility Levels for Child Health Plus A

**SUGGESTED**

**DISTRIBUTION:** Medicaid Staff  
Fair Hearing Staff  
Legal Staff  
Staff Development Coordinators

**CONTACT PERSON:** Bureau of Local District Support  
Upstate: (518) 474-8887  
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**ATTACHMENTS:** None

**FILING REFERENCES**

Previous ADMs/INFs	Releases Cancelled	Dept. Regs	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
05 OMM/ADM-02		360-4.7(b)	Ch. 58 of The Laws of 2004		GIS 05 MA/011

On March 30, 2005, the Office of Medicaid Management had a videoconference to inform social services districts of changes to the Child Health Plus (CHPlus) A income level for children age 6 through age 18, pursuant to Chapter 58 of the Laws of 2004. The income level for these children decreased from 133% to 100% of the Federal Poverty Level (FPL). The Department implemented this change effective April 1, 2005.

Questions asked by social service districts and answers provided by the Department are listed below:

**POLICY:**

1. **Question:** Why is the extension giving 3 months, when a decision on children's applications must be made within 30 days?

**Answer:** The 3 months is being provided to allow for a smooth transition from CHPlus A to CHPlus B, as required by the statute. It is not the amount of time allowed to process the renewal application. During this time, CHPlus B plans must contact families to confirm eligibility for CHPlus B since federal eligibility rules are not aligned across the two programs.

2. **Question:** What is the local share for children during the extension period?

**Answer:** There is no local share for children in this age and income range, provided the district has coded the child correctly (Categorical Code 60) in the Welfare Management System (WMS).

3. **Question:** If the household's circumstances change during or after the extension period, is this considered a new application or an undercare change?

**Answer:** If no other family members remain eligible for benefits, the family would have to complete a new CHPlus A application, have a face-to-face interview and submit all appropriate documentation. If this occurs within 30 days of the closing, the case can be reactivated. After 30 days, the case must be reopened.

If other family members remain open and report a change in circumstances, it is handled as an undercare change.

4. **Question:** Should these children be put in the Family Planning Benefit Program (FPBP) if age appropriate and income eligible?

**Answer:** Because the Child Health Plus B program is a more comprehensive program than the FPBP and also provides family planning services, the child should be transitioned to Child Health Plus B. You do not need to authorize FPBP.

5. **Question:** What happens if the disability decision is received within the extension period? What coverage does the child receive?

**Answer:** This will depend on the result of the disability decision and the financial eligibility of the child.

- If the child is determined to be disabled and remains eligible for Child Health Plus A using the SSI-related income and resources budgeting methodology, the child must be reauthorized in Child Health Plus A, using the SSI-related categorical code (11 or 12) and the appropriate MA Coverage Code (01, 19, or 20, depending on whether or not resources have been documented).
- If the child is determined to be disabled, but remains financially ineligible for Child Health Plus A using the SSI-related income and resources budgeting methodology, the child's transition to Child Health Plus B should be allowed to go forward, unless the family requests that the child remain on Child Health Plus A under spenddown provisions.
- If the child is determined not to be disabled, the child's transition to Child Health Plus B should be allowed to go forward, unless the family requests that the child remain on Child Health Plus A under spenddown provisions.

6. **Question:** Is Child Health Plus A coverage continued while the disability determination is pending?

**Answer:** Yes, the child's extension continues to run while the disability determination is being made. If the determination has not been completed when the extension period expires, the child will be enrolled in Child Health Plus B. For this reason, we are asking districts to expedite these determinations.

7. **Question:** A child is already in a disability category and not eligible at 100%. Upon receipt of parent's income and resource information, the child is not eligible for Child Health Plus A. Will this child be enrolled in Child Health Plus B?

**Answer:** Children who are certified disabled have eligibility determined using the SSI-related budgeting methodology. Such children do not meet the definition of poverty level children and as such, are not subject to this transition process. Such children should be referred to Child Health Plus B under existing procedures.

8. **Question:** What happens if a child has claims indicating a disability but the aid category is incorrect? Will the child still appear on the report of potentially disabled children?

**Answer:** No. If the child was not appropriately categorized as a poverty level child, the child will not appear on the report. In this situation, the family would have to request a disability determination when they receive the notice of ineligibility.

9. **Question:** What about poverty level children age 1 through age 5 who are now ineligible? Will they get an extension and be moved to Child Health Plus B? If not, won't they have different Medicaid coverage dates than their older siblings? A child age 1 through age 5 must apply for Child Health Plus B on their own, however, a child in the same household age 6 through age 18 will be extended and auto enrolled. This seems inconsistent.

**Answer:** The legislation authorized this special treatment only for children age 6 through age 18 who had been income eligible between 100% and 133% of the FPL and are now losing eligibility due to the lowering of the income level. If a family's income has increased such that it is now

above 133% FPL, the older children are not losing eligibility due to the lowering of the income level. All children in the family would be referred to Child Health Plus B under existing procedures.

WMS edits do not allow use of the new closing codes unless a child meets the age criteria. (Note: If a district has a child who is over age 6, and whose Categorical Code was not changed to 60 (Child 6-18 Years of Age 100 - 133% FPL) when the child turned 6, the new closing codes are allowed.)

10. **Question:** During the extension period, what happens if the family's income increases? Is the county required to be notified and how should we respond?

**Answer:** Unless other family members are still active, the county would not be notified of the increased income and would not have to take any action. If other family members remain on Medicaid, their eligibility should be redetermined, using the new income.

11. **Question:** If the child is ineligible under the new income level and the facilitated enroller gives the application back to the family, does that constitute the mandatory face-to-face interview when the family submits the application to LDSS? Should the County give the child the extension coverage, if all documentation is not present?

**Answer:** Facilitated enrollers have been instructed to give a renewal application back to the family for them to mail to the local district even if the child is no longer eligible for Medicaid due to the decrease in eligibility level. This process ensures that the child receives the 90 day extension. As it is a renewal, there is no face-to-face interview.

New applicants are not eligible to receive CHPlus A coverage if they are age 6 through age 18, have income over 100% of the FPL, and have an eligibility date of April 1, 2005 or later. Consistent with current procedures, facilitated enrollers will screen applicants for CHPlus A eligibility. If the facilitated enroller finds that the applicant appears ineligible for CHPlus A, the facilitated enroller will send the application directly to a CHPlus B plan for processing. The application would not be submitted to the LDSS and a face-to-face interview would not be required. The 90 day extension can only be given to children who are already in receipt of CHPlus A and would not be given to a new applicant.

12. **Question:** What if the child has health insurance (i.e., the parent has an employer-based plan or health insurance through an absent parent)? Do we still give the child this extension? Will the child be eligible for Child Health Plus B?

**Answer:** Yes, the child is entitled to the extension. The Child Health Plus B plan will contact the family to determine the availability of health insurance for the child, prior to his/her enrollment. If the child has other health insurance, the plan will inform the family that the child is not eligible for Child Health Plus B.

**SYSTEMS:** The following questions and answers apply to Upstate WMS, unless otherwise specified.

1. **Question:** In cases where the family income now exceeds 133% FPL, should the 6 - 18 year old be deleted with Closing Reason Code E55 or C25?

**Answer:** The child would be deleted using Closing Reason Code F80 (Child 6-18, Income Ineligible) and referred to Child Health Plus B under existing procedures. (See Question 9, under the "Policy" section of this INF.)

2. **Question:** What will show on the WMS clearance for a child in an extension period if the family applies for Temporary Assistance or reapplies for Child Health Plus A?

**Answer:** The child will appear as Closed on the Clearance Report with an MA Coverage "TO" date equal to the end of the extension period.

3. **Question:** With Closing Reason Code C25, are we required to put in an end date, or is it system generated?

**Answer:** The end-date is system generated to either the last day of the third month following the transaction month, or to the last day of the child's continuous coverage period, if longer.

4. **Question:** If some family members remain eligible and have an increase in income prior to the end of the child's extension such that they are now ineligible, will the system allow the case to close after a ten-day notice, or will the case authorization have to be extended to match the child's coverage?

**Answer:** Since the Case Authorization Period does not change when the child is deleted, if the case is closed later for the remaining members, normal procedures will apply. The case for the remaining family members will be closed after 10 days. The Authorization Period will not have to be extended.

5. **Question:** If circumstances change after the child is deleted or closed and the child is again Child Health Plus A eligible, what action should be taken in the system?

**Answer:** Just like any other case where someone regains eligibility after they are closed, they will have to be added back into the case or, if it is a single individual, the case has to be reopened or reactivated. We regularly send CHPlus B a file of Medicaid eligible children so they can be disenrolled from CHPlus B.

6. **Question:** If a case is due for renewal on May 1, 2005 but the children have a continuous coverage period through October 31, 2005, do we close the case using the C25 Closing Reason Code (Upstate) or do we leave the case open, change the children to the continuous coverage category (67), and then recertify them again in October?

**Answer:** The appropriate procedure in this situation is to use Closing Reason Code C25 and allow the system to generate the balance of the continuous coverage period. Once the plan has confirmed the child's eligibility, this child will be enrolled in a Child Health Plus B plan on November 1, 2005.

7. Question: Should districts use the continuous categorical code with the C25 Closing Reason Code when a child becomes ineligible before renewal?

Answer: No, just use the C25 Closing Reason Code. There is no need to change the Categorical Code.

8. Question: Will there be a Medicaid Coverage History on WMS for these children? How will we be able to prove that these children were ever on the Child Health Plus A case?

Answer: In Upstate WMS, the child's eligibility will be available on WMS Inquiry, WINQ55 - MA Coverage History. In New York City, this is screen NQIN 08, MA History.

9. Question: Will the Mabel budget remain in the system showing the age category is now ineligible?

Answer: As detailed in MBL Transmittal 05-1 dated February 28, 2005 for Upstate:

Effective 03/21/05, MBL will calculate the Federal Poverty Level of 100% for children 6 to less than 19 when the EEC of "D" or "B" is entered with a MBL effective "FROM" date of 04/01/05 or greater. IF the MBL effective "FROM" date is less than 04/01/05, then the Federal Poverty Level of 133% will be used in the eligibility calculation process and the Expanded Eligibility/FHP Screen will display one of the following:

CHILD 6+ < 19:	ELIGIBLE	133%	Amount
or			
CHILD 6+ < 19:	INELIGIBLE	133%	Amount

When the MBL "FROM" date is 04/01/05 or greater, the Expanded Eligibility/FHP Screen will display one of the following:

CHILD 6+ < 19:	ELIGIBLE	100%	Amount
or			
CHILD 6+ < 19:	INELIGIBLE	100%	Amount

The MBL budget will remain in the system showing the age category (CHILD 6+ < 19) as either ELIGIBLE or INELIGIBLE, 100% or 133% depending upon the MBL effective "FROM" date utilized until a subsequent version of the MBL budget is entered and stored in the system. The New York City MBL display is the same as detailed above.

10. Question: Will another 3209 form be generated at the end of the extension period, when the child is disenrolled from managed care?

Answer: Since a disenrollment does not produce a 3209 form, a new one will not be generated at the end of the extension period.

11. Question: Will the local districts receive copies of the reports that are being produced for Child Health Plus B?

Answer: There are no plans to share this report with the local districts. The report is produced based on the districts' use of the new Closing Reason Codes.

12. **Question:** Is this transition process just for children with Categorical Code 60 or can it be used with other Categorical Codes (46 or 47)?

**Answer:** The child must be age 6 through age 18 and have income above 100% of the FPL and at or below 133% of the FPL prior to his/her renewal, to be eligible for the transition processing.

Categorical Code 47 is used for children age 6 - 18 with income below 100% of the FPL. Those children are not part of the transition population.

Categorical Code 46 is only to be used through age 5. However, if the child is now age 6 or older and his/her Categorical Code was not changed when the child turned age 6, you will be able to use this transition process when the child meets the income rules. This applies to both Upstate WMS and New York City.

13. **Question:** At eligibility when we determine parents are Family Health Plus eligible and the 6 - 18 year-old children are eligible at 133% with application dates before April 1, 2005, what Categorical Code do we use, since Categorical Code 60 is no longer allowed?

**Answer:** At the time of the teleconference, Upstate WMS was producing an error in this situation. Upstate WMS has since been fixed to allow Categorical Code 60 when the budget "FROM" date is earlier than April 1, 2005.

**MANAGED CARE:**

1. **Question:** When a child who is enrolled in Managed Care is not eligible at 100%, should they stay enrolled in Managed Care for the extension period?

**Answer:** Yes, the child remains enrolled in his/her health plan.

2. **Question:** How will the child be disenrolled from Managed Care at the end of his/her extension period? Does the district have to track this case? Will the child appear on the Error Report? If he or she is on the Error Report, how is it reconciled?

**Answer:** The district may opt to track the case and disenroll the child at the end of the extension period. If the district does not disenroll the child, he/she will appear on the Error Report. Currently, if no action is taken by the district, the child is automatically disenrolled by the system after 3 months. With proposed changes to the system expected in the fall, the system will automatically disenroll the child after only one month on the Error Report.

3. **Question:** How is the issue of the Medicaid Managed Care guarantee being handled? What codes are we using and does the guarantee affect the child's coverage for Child Health Plus B?

**Answer:** The legislation did not provide for completion of the guarantee period for these children. The majority of children will be staying in the same health plan. Therefore, the managed care guarantee does not apply to these children.

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At the time of the teleconference, if a guarantee period existed that was longer than the child's extension period, a WMS error occurred Upstate. Upstate WMS has been modified to by-pass this error when Closing Reason Code C25 is used.



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