0342 CAT NEEDY AFDC-RELATED COVERAGE

0342.05 FIP FAMILIES AND SECTION 1931 FAMILIES

REV:01/2008

FAMILY INDEPENDENCE PROGRAM (FIP)

In Rhode Island, eligible families receive temporary cash assistance through the Family Independence Program (FIP). Medical Assistance benefits for FIP eligible families will be determined through a separate determination of eligibility in accordance with all of the rules and regulations of the Medical Assistance Program. This determination of Medical Assistance eligibility will be made concurrently with the determination of FIP eligibility.

The application also serves as the Medical Assistance application.

Eligible recipients include:

- o FIP families which include children under 18 and their parent(s) or caretaker relative;

  Includes FIP 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 or in the month of their 19th birthday.

- o FIP pregnant women with no other eligible children.

All FIP closures and denials must be reviewed for continuing eligibility under Section 1931 using Medical Assistance (i.e., non FIP) income and resource counting rules (see DHS Manual, sections 0330.30 and 0338.05). For example, a review of continuing MA eligibility should take place when:

- A family found eligible for FIP cash assistance decides to decline the cash benefit;
- A family applying or being recertified for FIP and fails to provide sufficient verification for FIP, but has met the 1931 verification requirements (proof of income, alien status, pregnancy); or
- An eligible FIP family decides to close their cash assistance.

If FIP families receiving cash assistance are determined eligible for Medical Assistance, then they are categorically needy and must enroll in RIte Care or RIte Share, as determined by the Department. FIP families qualify for extended Medical Assistance if their Medical Assistance is closed for reasons related to increased child support or income from employment.

SECTION 1931 MEDICAL ASSISTANCE ONLY

Section 1931 refers to a family category of MA Only, i.e, there is no cash assistance attached to the receipt of the Medical Assistance.

Section 1931 MA Only recipients include:

- Families with children under age eighteen* (18) whose countable income does not exceed one hundred ten percent (110%) of the federal poverty level income guidelines (FPL) and without regard to deprivation or resources.

  *Includes children age eighteen (18) who are full time students in a secondary school, or an equivalent level of vocational or technical training program, and who will complete school before or in the month of their 19th birthday.

All MA Section 1931 families are categorically needy and must enroll in RIte Care or RIte Share.

Families who do not qualify for Section 1931 MA because of excess income are evaluated for MA under the Family Waiver Group.

Both FIP and Section 1931 MA only families may qualify for Extended Medical Assistance when Section 1931 MA eligibility is lost due to reasons related to increased income from child support or employment. If the family is eligible for both extended MA coverage and Family Waiver coverage, Extended MA coverage is granted first.

0342.10 DEEMED FAMILY INDEPENDENCE PROGRAM RECIPIENT

REV:06/1998

Deemed Family Independence Program (FIP) recipients include:

- FIP eligible persons who receive no FIP payment because the monthly grant would be less than $10 (InRHODES Category Code 48);
- Individuals who would be eligible for FIP except for the fact that a member of the FIP filing unit is participating in the Work Supplementation Program (InRHODES Category Code 49);
- Individuals whose FIP payments are reduced to zero by reason of recovery of overpayment of FIP funds (InRHODES Category Code 50).

0342.15 FIP CLOSURES DUE TO INCREASED CHILD SUPPORT

REV:06/1998

This coverage group is families who become ineligible for the Family Independence Program (FIP) due to an initial collection or an increase in the collection of child support payments. The family continues to be eligible for Medical Assistance as Categorically Needy for four (4) additional months following FIP closure due to increased child support. The family must have received FIP in at least three (3) of the six (6) months preceding the month of FIP ineligibility (InRHODES Category Code 53).
When the FIP case is closed due to the receipt of child support, InRhodes determines potential eligibility and identifies the case as eligible for extended benefits. The eligibility technician verifies and approves eligibility. InRhodes generates the appropriate notice, notifies MMIS and tracks the period of Extended Medical Assistance eligibility.

In the third month of the 4-month extension, InRhodes notifies the eligibility technician and a redetermination packet is sent to the Extended Medical Assistance recipient.

0342.20 AFDC-ELIGIBLE, EXCEPT RSDI BEN INCR

REV:07/1994

This coverage group is individuals who, for any month, would have been eligible for AFDC if the August, 1972 increase in RSDI benefits, under Title II of the Social Security Act, had not been applicable to him/her (InRHODES Category Code 64).

Eligibility exists provided that:

- The recipient was AFDC-eligible for the month of August, 1972; and,
- The recipient was entitled to RSDI benefits; and,
- The receipt of AFDC was discontinued solely due to the August, 1972 increase in RSDI benefits.

0342.25 QUALIFIED PREGNANT WOMAN, NO DEPRIVATION

REV:01/2002

A pregnant woman in a one or two parent family 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:

- The pregnancy has been medically verified; and,
- The family's income and resources do not exceed the Family Independence Program (FIP) income and resource 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.

0342.30 QUALIFIED PREGNANT WOMEN

REV:01/2002

This coverage group is women whose pregnancy has been medically verified, and who would be eligible for a Family Independence Program (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.

0342.35 QUALIFIED POST PARTUM WOMEN

REV:07/1994

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 (InRHODES Category Code 68).

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

0342.35.05 Post Partum Women--Family Plan

REV:07/1994

This special coverage group (i.e. not Categorically Needy or Medically Needy) is post partum women who received categorical MA at the time the child was born and who are otherwise ineligible.

(69) Coverage for FAMILY PLANNING SERVICES ONLY extends for twenty-four (24) months after the post partum period. It is provided to all women after the post partum period even if they have become ineligible for Medical Assistance.

0342.40 NEWBORN CHILD OF MA ELIGIBLE MOTHER

REV:11/2006

This coverage group consists of children born to a woman who is eligible for and receiving MA as Categorically Needy on the date of the child's birth. The mother's basis of eligibility may be cash assistance-related or MA Only. The child is deemed eligible for one year from birth as long as:

- o The child resides continuously in the mother's household;
- o The mother remains eligible for MA, or would have

remained eligible if she were still pregnant; and,

NOTE: Under the provisions of the federal Deficit Reduction Act of 2005, children born to mothers whose alien status is determined to be undocumented or who is a qualified alien but has been here less than five (5) years, are not automatically eligible to receive Medical Assistance. The parent(s) of these children must complete a redetermination in order to determine their continuing eligibility for Medical Assistance

- o Reasonable effort is made to fulfill the newborn enumeration requirement.

To determine if the newborn is living in the mother's household, the eligibility technician will use the rules of the cash assistance program (FIP or SSI) 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. The 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 pregnant.

Eligibility under this coverage group remains until one of the following occurs:

- o One year from the child's date of birth; or,
- o The infant is determined eligible for the equivalent scope of Medical Assistance services under another coverage group; or,
- o The mother loses MA eligibility based on the application of criteria as if she were pregnant. As a result, the child is determined to be ineligible.

EXAMPLE OF NEWBORN ELIGIBILITY

A pregnant woman in one-parent family is determined eligible for FIP cash-assistance. After the birth of the child the mother refuses to cooperate with the Family Independence Program's requirement that she assist Child Support Enforcement (CSE) to establish paternity and seek support from the father of the child. As a result of non-cooperation, mother is ineligible for FIP and cash-related Medical Assistance benefits cease at the end of the post-partum period. Although mother is no longer eligible for FIP, cooperation with CSE is not a requirement of the Medical Assistance Program if she were pregnant.

Since mother would be eligible for Medical Assistance if she were pregnant, the newborn is automatically enrolled and eligible for Medical Assistance benefits for the first year of life.

0342.40.05 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 the 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 as part of the mother's FIP or Medical Assistance case or under another MA coverage group before certifying the child for MA as a newborn.

0342.40.10 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 0342.40.10.05, 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. 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.

0342.40.10.05 Hospital Record of Birth

REV:01/2002

Certain in-state hospitals with maternity units have agreed to assist DHS in establishing eligibility for newborns (for Medical Assistance Only, or FIP/MA) by completing a hospital birth record form. The hospital record of birth contains:

- Newborn's name, date of birth and sex;
- Mother's name; and,
- 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 Health Care Quality, Financing and Purchasing.

This document is reliable alternate evidence of:

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

The birth record serves as initial documentation for the field staff to add a child to the FIP and/or 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.

0342.40.15 Determination of Newborn Eligibility

REV:06/1998

When the eligibility technician determines if the child is eligible for inclusion in the mother's Family Independence Program (FIP) or Medical Assistance case, there are three possible outcomes:

- The child is eligible for inclusion in the mother's case; or,
- The child cannot be included in the mother's case, but is eligible as a "Poverty Level" or "Ribicoff" child; or,
- The child remains eligible as a newborn.

0342.40.15.05 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:

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

At 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.

0342.40.15.10 Examples of Newborn Elig

REV:07/1994

EXAMPLE: Mother is eligible at the child's birth as a "Poverty Level" 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 her 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.

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

However, 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, an SSI 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 not cooperate in the enumeration process by completing an SS-5 for a Social Security Number for the child. The child remains Categorically Needy for Medical Assistance as long as s/he remains living with the mother and the mother remains Categorically Needy by virtue of being an SSI recipient. The child is certified for Medical Assistance via InRHODES. 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.

Newborn children are considered to be eligible under the same category as the mother. Thus, if the mother is eligible as Categorically Needy, the child is Categorically Needy. If the mother is Medically Needy, the child is Medically Needy.

0342.40.20 Newborn's Loss of Eligibility

REV:07/1994

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

- 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;
- The child moves from the mother's house;
- The child is placed with potential adoptive parents either directly from the hospital or subsequent to discharge;
- The child attains one year of age.

0342.45 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 FIP resource and income requirements. A deprivation factor does not exist.

However, if the income and resource limits are met, only the child may be eligible. A Ribicoff child does NOT qualify the caretaker relative for Medical Assistance.

0342.50 EXTENDED MEDICAL ASSISTANCE

REV:01/2008

The Family Support Act of 1988 created a special Medical Assistance program for families in which parents are making the transition from welfare to work. The program was established because of an extraordinary lack of health insurance coverage among employed former welfare beneficiaries. These families are most likely to be uninsured and least able to pay out-of-pocket for medical services. Continuing categorically needy Medical Assistance for up to twelve (12) months provides a greater period of health care protection to families with newly employed parents.

Under welfare reform, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) severed the historical link between eligibility for cash assistance -- formerly called Aid to Families with Dependent Children (AFDC) -- and automatic Medical Assistance eligibility. However, Congress also created a new Medical Assistance eligibility category referred to as Section 1931 families.
Extended MA may be accessed directly from Section 1931 eligibility.

Families who are eligible for cash assistance and who choose to forgo cash benefits for whatever reason, remain eligible for Medical Assistance under the Section 1931 category. If the family subsequently loses eligibility for reasons related to employment, family members may qualify for extended MA.

0342.50.05 Extending MA When FIP/Section 1931 MA Ends

REV:01/2008

Extended MA may be provided to families for up to twelve (12) months following the loss of eligibility for medical coverage provided for families who receive the Family Independence Program (FIP) or for Section 1931 families MA Only. Receipt of benefits as a result of eligibility through either of these programs with a subsequent loss of eligibility because of events related to employment may result in continuing categorically needy Medical Assistance coverage.

Medical Assistance eligibility may continue under certain circumstances if a Family Independence Program case or Section 1931 MA case is closed because of increased earned income due to:

- employment; or,
- increased hours from employment; or,
- an increase in wages.

0342.50.10 Initial Criteria for Extending MA

REV:01/2008

At the time a family becomes ineligible for the Family Independence Program or Section 1931 Medical Assistance benefits, InRhodes examines the case for potential eligibility for extended MA and provides an MAXT pop-up window accordingly. The eligibility technician must verify and confirm, whether:

- o the family has a child living in the home who is under the age of eighteen (18) or between the age of eighteen (18) and nineteen (19)if the child is a full-time student in a secondary school, or at the equivalent level of vocational or technical training, and is reasonably expected to complete the program before or in the month of his/her nineteenth (19th) birthday. A student attending summer school full time, as defined by school authorities, is considered a full-time student for these purposes; and,
- o eligibility for the Family Independence Program or Section 1931 Medical Assistance coverage was discontinued because of earned income of a caretaker relative or other member of the family due to:
  - employment;
  - increased hours of employment; or,
  - an increase in wages.

NOTE: Extended Medical Assistance is not provided to any individual who has been legally determined to be ineligible for the Family Independence Program because of fraud at any time during the last prior six months in which the family received benefits.

Families who meet this initial criteria are eligible to receive Medical Assistance beyond the loss of health coverage provided to those families receiving Section 1931 MA or medical assistance benefits concurrently with the Family Independence Program provided they continue to meet the additional requirements described in Section 0342.50.15.

0342.50.15 Additional Requirements

REV:10/2006

When earned income contributes to the loss of eligibility for the Family Independence Program or for Section 1931 MA, InRhodes generates a notice informing the family of the right to continue to receive categorically needy medical coverage under extended Medical Assistance for up to the maximum of 12 months allowable under the program, and of the requirements to:

- submit a report which includes an accounting of the family's earned income and the "necessary child care" expenses;
- enroll in an employer's health plan (whether individual or family coverage) if it is offered at no cost to the caretaker relative; and,
- report circumstances which could result in the discontinuance of extended benefits, e.g., no age appropriate child in the family or a move out of state.

0342.50.20 Loss of Benefits Due to Employment

REV:06/1998

A required element for eligibility to receive extended Medical Assistance is employment of a caretaker relative or other member(s) of the family whose earned income contributes to the family's loss of eligibility for cash assistance or Section 1931 Medical Assistance.

Often employment linked with other changes, such as a parent returning to the home or a child turning eighteen, may combine to cause the loss of eligibility. While there must be a relationship between earned income and the loss of eligibility for cash benefits or Section 1931 MA to qualify for extended MA, the advent or increase in earned income need not be the only factor causing the loss.

0342.50.20.05 Determining Employment is a Causative Factor

REV:06/1998

Sometimes it is difficult to determine if the relationship between earned income and the loss of Family Independence Program or Section 1931 Medical Assistance eligibility is present. Follow the steps below to determine if a change in earned income had a causative effect.

1) Determine if the change in earned income (starting employment, increase in wages, or an increase in hours of work) would have resulted in the loss of eligibility if all other factors in the case remained the same (e.g., no other change in income, no change in family composition, no change in income standards, etc.).

   If yes, the family is eligible to receive extended Medical Assistance.

   If no, proceed to step 2;

2) Determine if events other than the change due to earned income would have resulted in the loss of eligibility if the earned income had stayed the same.

   If yes, the family is not eligible to receive extended Medical Assistance.

If no, proceed to step 3;

3) Determine if the family is ineligible when all changes are considered.

If yes, the family is eligible for extended Medical Assistance. The change in earnings was essential to the loss of eligibility. Without the change related to earned income, the family would not have lost eligibility.

0342.50.25 Individuals Eligible to be Included

REV:06/1998

The first month of extended Medical Assistance is the first full or partial month in which the family loses the medical coverage received concurrently with their Family Independence Program eligibility or after the loss of their Section 1931 Medical Assistance coverage. Extended MA is provided to those individuals:

- who are living in the household, and whose needs and income were included in determining the Family Independence Program or Section 1931 eligibility of the assistance unit at the time such benefits were discontinued;

- who are under Family Independence Program sanction and whose income but not needs were included in determining the Family Independence Program eligibility of the assistance unit at the time such benefits were discontinued; and,

- whose needs and income would be taken into account in determining the Family Independence Program or Section 1931 MA eligibility of the assistance unit if the family were applying for either of these programs in the current month.

Under the above definition, a child born after Family Independence Program or Section 1931 benefits are discontinued, or a child, parent or step-parent who returns home after the Family Independence Program or Section 1931 benefits are discontinued, is included as a member of the family for purposes of providing extended MA.

0342.50.30 Initial Receipt of Extended MA

REV:06/1998

Extended Medical Assistance continues throughout the first seven months following the loss of Family Independence Program or Section 1931 MA eligibility as described in Section 0342.50.05, unless:

- o no age-appropriate child is living in the family; or,

- o the caretaker relative refuses to apply for free health coverage offered by the employer.

When it is determined that a family no longer has a child who meets the age requirements living in the home, Medical Assistance for all family members ends the last day of the month in which the family no longer includes such child.

The Medical Assistance program requires recipients to utilize all resources available to them to pay for all or part of their medical care before using Medical Assistance. If the caretaker relative fails to avail her/himself of an employment related health plan (either individual or family membership) offered at no cost to the employee, extended benefits must be discontinued.

0342.50.35 Continuing Receipt of Extended MA

REV:10/2006

To continue to receive the remaining months of extended Medical Assistance, up to the limit of the full twelve months of the transitional medical program, families must:

- o include a child who meets the age requirement living in the household (see Sec. 0342.50.10); and,
- o timely file the earned income report when due in the seventh (7th) month; and,
- o pass the 185% FPL earned income test; and,
- o pass the caretaker relative employment test.

Additionally,

- o an employed caretaker relative must enroll in an employment-related health plan, if such plan is offered at no cost to the employee.

0342.50.40 Earned Income Report - Requirement

REV:10/2006

During the period of extended MA, the family is required to file one (1) report due in the seventh (7th) month of extended MA.

The report is filed in the seventh month of extended MA coverage and is an accounting of the family's total earnings and necessary childcare expenses incurred during month six (6) of extended Medical Assistance.

The following information is reported.

- o the family's gross monthly earnings received in the specified month, including the earnings of any individual who is eligible to be included in the coverage, but who may not be included in the coverage because of a statutory exclusion (e.g., an individual who fails to comply with child support requirements); and,
- o the necessary child care expenses for the specified month.

Necessary child care is defined as the child care expenses which allow a caretaker relative to be employed.

0342.50.40.05 The Family Defined

REV:06/1998

A family receiving extended MA is defined as:

- those individuals living in the household whose needs and income were included in determining the eligibility of the family unit at the time that the Family Independence Program (FIP) or Section 1931 MA benefits were discontinued; and,
- those individuals under sanction or who are statutorily barred from participation whose income but not needs were included in the family unit.

It also includes:

- those individuals whose needs and income would be taken into account in determining the eligibility of the family unit if the family were applying for FIP or Section 1931 MA in the current month.

Under this definition, a child born after the FIP or Section 1931 MA coverage is discontinued or a child or parent who returns home after the benefits are discontinued is included in the family for purposes of extended MA eligibility.

0342.50.40.10 Family's Total Gross Earnings Defined

REV:06/1998

The total gross earned income of family receiving extended MA is defined as the total countable earned income of all the members of the family without the application of any earned income disregards.

0342.50.40.15 Necessary Child Care Expenses Defined

REV:02/1997

For an extended MA family, necessary child care expense is defined as a reasonable child care expense necessary for the employment of a caretaker relative.

'Reasonable' refers to a child of an age or of a dependency plausibly needing child care. Additionally, child care expenses paid by DHS or another third-party are not recognized as an allowable deduction. A necessary child care expense can be incurred, it need not be paid.

0342.50.45 Submitting the Earned Income Report

REV:10/2006

The extended MA earned income reports are:

- an accounting of the family's total gross earned income and a caretaker relative's necessary child care expenses for month six (6) of extended benefits;

- due by the 5th day of month seven (7) respectively of extended benefits.

On the 15th of each month, a reporting form is sent to any family who has reached month six (6)of extended MA. Such a family must report the required income and necessary child care information by the 5th day of the following month.

On the 7th day of each month, a reminder notice is sent to all extended MA cases scheduled to report in the month. This is to encourage compliance by any family that has neglected to return the report by the due date (5th of the month). Instructions direct those who have complied to disregard the reminder notice.

All reports due in the month must be received by DHS prior to the close of business on the 21st day of the month. Medical Assistance is discontinued on the last day of the month for any family who fails to submit the report by the 21st of the month.

0342.50.45.05 Employment Test for the Caretaker Relative

REV:10/2006

For families to remain eligible beyond the seventh month of extended benefits, a caretaker relative must meet an employment test. Unless there is good cause, a caretaker relative must be employed. The caretaker relative must claim good cause on the income report form in order to have the circumstances of a lack of employment considered. (See Section 0342.50.60.10 for Good Cause.)

A caretaker relative must have earnings under the employment test even if the loss of benefits from the Family Independence Program or Section 1931 MA was caused by the earnings of another family member.

If a caretaker relative fails the employment test without good cause, extended MA benefits are discontinued on the last day of the 7th month of extended MA. InRhodes generates a notice of discontinuance to the recipient.

0342.50.45.10 Income Test - Family's Gross Earned Income

REV:06/1998

A family's total gross earnings consist of the countable earned income of all employed family members prior to the application earned income disregards. The family's gross earnings include the earnings of any financially liable relative who returns to the unit after the loss of Family Independence Program or Section 1931 eligibility.

The family's UNEARNED income is NOT a reporting requirement and is NOT included in the income test.

Necessary child care expenses are those incurred or paid child care expenses which allowed a caretaker relative to be employed.

InRhodes applies the income test in the following manner:

Step 1. The gross countable earnings of all employed members of the family are totaled.

Step 2. The totaled earnings are divided by the number of pay dates and the result is multiplied by 4.33 to determine the average monthly earnings.

Step 3. The caretaker relative's necessary child care expenses are totaled.

Step 4. The totaled necessary child care expense is divided by the number of pay dates (same as above) and the result is multiplied by 4.33 to determine the average necessary child care monthly expense.

Step 5. The child care expense from Step 4 is deducted from the earned income from Step 2 to determine the countable earned income.

Step 6. The countable earned income is then compared to 185% of the federal poverty level for the current family size.

Family size will take into account any individual living in the household whose income is being considered whether or not the individual is included in extended MA.

0342.50.50 Failure to Meet Requirements

REV:10/2006

If the family fails to pass the income test, InRhodes discontinues extended MA benefits on the last day of a reporting month. In addition failure to pass the employment and income tests in month seven (7) of extended benefits, eligibility will end in any month during extended MA when it is determined that:

- o the family ceases to include a child who meets the age requirement (see section 0342.50.10) living in the household; or,

- o an employed caretaker relative failed to enroll in a employment-related health plan, which is offered at no-cost to the employee.

The maximum amount of time under the extended MA program is limited to twelve (12) months. InRhodes generates a notice of closing if eligibility is discontinued prior to the receipt of the maximum time allowed under the program's twelve (12) months time-limited benefits. Eligibility is always discontinued on the last day of a month.

For a family nearing the end of the maximum period allowed under extended MA, a Medical Assistance application packet must be mailed to the family at the beginning of month eleven (11) so that continuing eligibility for Medical Assistance can be re-determined for the members of the family.

Failure to return the application by the specified return date will result in a discontinuance of coverage under extended MA.

Eligibility may continue for those family members for whom InRhodes has sufficient data to determine eligibility pursuant to another MA coverage group, e.g., poverty level child. If InRhodes is able to determine eligibility based on data in hand, Medical Assistance is reauthorized in a timely manner to avoid interruption of medical coverage.

0342.50.60 Good Cause

REV:06/1998

A family may have reason to claim good cause for failure to comply with required action.

- Good cause may exist for a failure to timely submit an earned income report;
- Good cause may exist for a failure of the caretaker relative to be employed.

Good cause for failure to comply with the above requirements is discussed further in subsections 0342.50.60.05 and 0342.50.60.10.

Good cause may not be claimed for failure to comply with any extended MA requirements other than the above.

0342.50.60.05 Failure to Submit Earned Income Report

REV:02/1997

Good cause for failure to submit the earned income report or to include appropriate verifications, may exist if circumstances beyond the recipient's control prevent the requirement from being met when due. Circumstances in which good cause may exist include, but are not limited to, the following:

- o hospitalization or documented serious illness of the recipient or a member of the recipient's family;
- o lost or stolen mail confirmed by the Postal Service;
- o a catastrophe caused by fire, flood, or a severe weather condition.

0342.50.60.10 Caretaker Relative Failure to be Employed

REV:06/1998

The caretaker relative may have good cause for lack of employment if loss of employment was caused by illness or other factors beyond the caretaker relative's control. Extended MA may continue if the caretaker relative can show good cause for being unemployed. Good cause includes circumstances beyond the recipient's control, such as, but not limited to:

- involuntary loss of employment;
- illness or incapacity;
- unanticipated household emergency;
- work demands or conditions that render continued employment unreasonable, such as working without being paid on schedule.

0342.50.70 Discontinuing Extended MA - Notice Required

REV:10/2006

When a family becomes ineligible for the Family Independence Program or Section 1931 MA for reasons related to employment, the family is advised in writing of their continuing eligibility for medical coverage. InRhodes generates a notice informing the family of the extended MA program's eligibility requirements; the time-limited nature of the program (12 months maximum), and the exact date coverage will end when the maximum period of benefits has passed. The notice also explains that family members may qualify for Medical Assistance under other provisions of the program when eligibility for extended MA ceases.

When extended MA is discontinued for any reason prior to the end of the maximum twelve-month period, a separate notice of adverse action is sent.

0342.55 IND RECEIV DHS DAY CARE SUBSID

REV:01/2002

This coverage group consists of individuals in a family unit who would be FIP eligible if the individual's work-related child care costs were paid directly from his/her earnings, rather than by the DHS Child Care Assistance Program.

Eligibility for this coverage group exists if the family's countable income is within the FIP standard for the unit size.

The family's income is determined by the same methodology used for determining FIP eligibility. However, the Dependent Care Disregard used in these cases is equal to the amount of DHS Child Care Assistance plus the individual's co-payment, not to exceed $200 per month for a child under two (2) or $175 per month for a child age two (2) and older or an incapacitated adult. The dependent care expense is only disregarded when the dependent's care is rendered by a person not living in the child's or incapacitated adult's household.

0342.60 FIP ELIG, NO CASH PAYMENT

REV:01/2002

This coverage group is composed of individuals who meet Family Independence Program (FIP) requirements, but do not want a cash payment.

0342.65 FIP ELIGIBLE BUT FOR INSTITUTIONALIZATION

REV:06/1998

This coverage group is individuals in a medical or nursing facility who, if they left the facility, would be eligible for the Family Independence Program (FIP) (InRhodes Category Code 62).

0342.70 ADOPTION SUBSIDY/IV-E FOSTER CHILD

REV:07/1994

This coverage group includes foster children and adopted children whose MA eligibility is based on eligibility for the Title IV-E Foster Care Maintenance Program or Adoption Assistance Program (InRHODES Category Code 54).

The Foster Care Maintenance Program provides federally funded foster care payments on behalf of the following children:

- Children previously eligible under the Title IV-A Foster Care Maintenance Program;

- Certain children voluntarily placed or involuntarily removed from their homes;

- Children in public non-detention type facilities housing no more than 25 children.

Children for whom a cash payment is made under the foster care program are deemed AFDC recipients and thus eligible for Medical Assistance as Categorically Needy. MA eligibility for children in the Foster Care Maintenance program exists as long as the Title IV-E payment continues to be made for them.

The Adoption Assistance Program provides Federal funding for continuing payments for hard to place children with special needs. The special needs adoptive children must be SSI- recipients or AFDC eligible at the time of adoption. A cash payment is not an MA eligibility requirement for Title IV adoption assistance children. These children continue to be eligible for Medical Assistance as long as a Title IV-E adoption assistance agreement is in effect. An interlocutory order or final decree need not exist.

0342.70.05 Eligibility Considerations

REV:07/1994

To be eligible for Title IV-E foster care payments, and therefore eligible for MA, the child must be an SSI recipient or AFDC eligible.

The child's AFDC eligibility must be based on deprivation of parental support independent of the fact that the child is out of the home. The deprivation of parental support and need must exist on the basis of the child remaining in the parent or caretaker relative's home.

Once initial eligibility based on parental deprivation is established, only the income and resources actually available to the child are considered for financial eligibility.

0342.70.05.05 MA Elig, State of Residence

REV:07/1994

Title IV-E adoption assistance children and Title IV-E foster care children are eligible for Medical Assistance in their state of residence. The maintenance payment or adoption assistance payment need not have originated in Rhode Island.

0342.70.05.10 DCYF Certification Responsibility

REV:07/1994

Primary certification responsibility for Title IV-E children resides with the Department of Children, Youth and Families. When a parent or guardian of a IV-E foster or adopted child, who is now residing in Rhode Island contacts a local district office to apply for MA for his/her child, referral is made to the IV-E Unit at the DCYF.

0342.70.05.15 Closing MA Case

REV:07/1994

Since the child's MA eligibility is contingent upon Title IV-E eligibility, the MA case is closed when the child becomes ineligible for any reason, including:

- Child returns home;
- Child is age 18 (and will not complete school before 19th birthday);
- No deprivation of parental support exists;
- Income exceeds eligibility limit;
- Resources exceed eligibility limit.

0342.75 NON IV-E FOSTER CHILD UNDER 18

REV:07/1994

This coverage group is children under age 18, or if 18, will complete high school before his/her 19th birthday, who are in foster family care and are not eligible for Title IV-E (InRHODES Category Code 55). 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:

- Children placed in foster care by the Department of Children, Youth and Families (DCYF);
- Children placed in foster care by private, non-profit child caring agencies; and,
- 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 Categorically Needy if his/her non-excluded resources are within the AFDC resource limit of $1000 and income is less than the AFDC Consolidated Standard for a Plan size of one.

0342.75.05 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 subse- quent 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:

- Processing MA applications for children placed in foster family care or group care by DCYF or private, non-profit child caring agencies;
- Determining the basis for MA eligibility (Categorically Needy or Medically Needy);
- 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.

0342.75.10 Responsibility of DCYF

REV:01/2002

DCYF has the continuing responsibility to notify the MA Foster Care Unit of any change in circumstance 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 Division of Health Care Quality, Financing and Purchasing, 600 New London Avenue, Cranston, RI 02920.

If a child is returned to his/her family, the agency worker informs the family about Medical Assistance. If the family is potentially eligible, the worker helps the family apply for MA coverage.

0342.80 NON IV-E, OLDER THAN 18 BUT NOT 21

REV:07/1994

This coverage group is children older than age 18, but not yet 21 who are in foster family care and are not eligible for Title IV-E (InRHODES Category Code 56). The basis of eligibility for Medical Assistance is deprivation of parental support occasioned 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 Categorically Needy if his/her non-excluded resources are within the AFDC resource limit of $1000 and income is less than the AFDC Consolidated Standard for a Plan size of one.

0342.80.05 Cont Respon, DCYF

REV:01/2002

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

The MA FOSTER CARE UNIT, located in the Regional Office at 206 Elmwood Avenue, Providence, Rhode Island 02907 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;
- o Maintaining records, files, controls and reports for this coverage group.

0342.80.10 Contin Respon, DCYF

REV:10/2007

DCYF 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, DCYF must notify DHS of the child’s date of closure.

If a child is returned to his family, the agency worker informs the family about Medical Assistance. If the family is potentially eligible, the worker helps the family apply for MA coverage.

0342.85 NON IV-E, STATE SUB ADOPT ASSIS

REV:01/2002

This coverage group is hard-to-place children for whom the state provides adoption assistance and who are not eligible for Title IV-E. The basis of eligibility for Medical Assistance is deprivation of parental support occasioned by the child's separation from his/her family.

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 Categorically Needy if the value of his/her non-exclud Consolidated Standard for a Plan size of one.

Medical Assistance under this coverage group may be provided until the child reaches age 21.

0342.90 REFUGEE MEDICAL ASSISTANCE

REV:01/2002

This coverage group is refugees who have resided in the United States for eight (8) months or less, and who are ineligible for one of the categorical programs due to lack of a characteristic.

To be eligible for Refugee Medical Assistance (RMA), a refugee must:

- o Meet the refugee immigration and identification requirements or be the dependent child of such refugees;
- o Meet the non-financial requirements and conditions of eligibility for Refugee Cash Assistance (RCA). (Receipt of RCA is not an RMA eligibility requirement);
- o Not have been denied or terminated from RCA due to voluntary termination from a job or a refusal of

employment;

- Not be full-time students except as allowed in Section 0906.20;
- Be recipients of RCA or, for certain refugees prohibited from receiving a cash payment for a limited period of time, be eligible for some form of RCA;
- Have income and resources within the Categorically Needy limits.

0342.90.05 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.

0342.90.10 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.

0342.90.15 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.

0342.90.20 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 and 0906.20) is also terminated from RMA. The RMA termination applies only to the sanctioned individual.

0342.95 CLOSED FAMILY-RELATED MA-HMO ENROLL

REV:01/2002

This coverage group is individuals who would be ineligible if not enrolled in an HMO. These individuals are closed family-related recipients locked in for the enrollment period by managed care.

0342.100 Post Foster Care Coverage Group

REV:10/2007

The Foster Care Independence Act of 1999 established the John H. Chafee Foster Care Independence Program. Participants in this Medical Assistance (MA) coverage group consist of children who are at least eighteen (18) years old but are not yet twenty-one (21) years old and who meet the following criteria:

1. They were in foster care under the responsibility of the Department of Children, Youth and Families (DCYF) on their eighteenth (18th) birthday, and

2. They have been closed to foster care services from DCYF; and

3. They are residents of Rhode Island.

These children are deemed categorically needy. There is no income or resource test applied when determining eligibility for these children.

A Post foster care adolescent may be residing independently or with others (including family members).

If eligible, a post foster care adolescent may receive medical assistance benefits until their twenty-first (21st) birthday.

A redetermination must be completed once in a twelve (12) month period to ensure that the post foster care adolescent is a resident of Rhode Island. If the child establishes residency in another state, s/he would not be eligible for medical coverage through the State of Rhode Island. Should a child who was eligible for Medical Assistance under this coverage group re-establish residency in Rhode Island, s/he can regain eligibility under this coverage until reaching age twenty-one (21). The beneficiary is responsible for notifying DHS within ten (10) days of any changes in their residence, family composition, income, resources or any other changes that may affect their eligibility for benefits.

0342.100.05 Contin Respon, DCYF

EFF: 10/2007

DCYF has the continuing responsibility to notify the MA Foster Care Unit of any change in circumstances for the Independent Foster Care Adolescent which might cause him/her to be ineligible based on the above criteria.

If a child is returned to his/her family, the agency worker informs the family about Medical Assistance. If the family is potentially eligible, the worker helps the family apply for MA coverage.