

TO: Local District Commissioners, Medicaid Directors

FROM: Judith Arnold, Director
Division of Coverage and Enrollment

SUBJECT: Processing Medicaid Applications for Children Potentially Eligible
for Child Health Plus

Attachments: I Health Plan List
II "Release of Information to the Child Health Plus
Program"

EFFECTIVE DATE: Immediately

CONTACT PERSON: Local District Support Unit
Upstate (518)474-8887 NYC (212)417-4500

The purpose of this General Information System (GIS) message is to provide local departments of social services (LDSS) with detailed instructions for processing Medicaid applications for children who are denied coverage due to excess income and/or immigration status, and who are potentially eligible for Child Health Plus (CHPlus). Effective with the release of this GIS, the following procedures must be followed for children who are not Medicaid eligible and need to be referred to CHPlus.

New Applications

1. As discussed in 10 OHIP/ADM-4, when the LDSS receives an Access NY Health Care application (DOH-4220) for a child who is determined ineligible for Medicaid due to excess income and/or immigration status, the LDSS must mail a copy of the DOH-4220 application and any supporting documentation received, including a copy of the ineligible Medicaid budget (for cases denied due to excess income), to the CHPlus plan that was selected by the applicant in Section I of the application.
2. If no plan selection was made and there is only one CHPlus plan available in the county, a copy of the DOH-4220 application and supporting documentation must be mailed directly to that plan. (An updated list of health plans by county is included as Attachment I to this GIS.)
3. In cases where a plan selection was not made and there are multiple CHPlus plans available in the county, the LDSS must send a copy of the DOH-4220 application and supporting documentation to the Bureau of Child Health Plus Enrollment, Corning Tower, Room 1619, Empire State Plaza, Albany, NY 12237. Bureau staff will follow up with the applicant to assist with selection of a CHPlus health plan. DOH-4220 applications must be mailed to CHPlus plans or the Bureau of Child Health Plus Enrollment on a daily basis.

Note: Local departments of social services are reminded that the DOH-4220 must be used for all Medicaid only applications.

4. However, when the LDSS receives a Common Application (LDSS-2921) for a child under 19 years of age and the box for "Temporary Assistance AND Medical Assistance" or the box for "Medical Assistance" has been selected, the applicant/legally responsible relative or the person applying on behalf of the child must sign the "Release of Information to the Child Health Plus Program" form (see Attachment II to this GIS) if an eligibility determination for CHPlus is desired. When the release form is signed and the child has been determined ineligible for Medicaid due to excess income and/or immigration status, the LDSS must mail a copy of the application (LDSS-2921), the release form, supporting documents, a copy of the denial letter, and a copy of the ineligible Medicaid budget (for cases denied due to excess income) to the Community Based Organization (CBO) in their county. If there is more than one CBO that the LDSS does business with, the LDSS should select the CBO that is geographically closest to the applicant's residence address. The CBO will assist the individual in making a plan selection, if a plan was not previously selected, collect any additional documentation needed to complete the application and forward the application directly to the selected CHPlus plan.

Renewals/Undercare

1. When the LDSS receives a renewal and the recipient requests to add a child under age 19 to his/her Medicaid case, the child's eligibility must be determined and a Notice of Decision sent. If the child is determined ineligible based on excess income and/or immigration status, the LDSS must send a manual denial notice, a blank DOH-4220, and instruct the individual to apply for CHPlus.
2. When a recipient requests to add a child under age 19 to his/her Medicaid case in between renewal periods and the child is determined ineligible, the LDSS must send a manual denial notice, a blank DOH-4220 and instruct the individual to apply for CHPlus.

NOTE: There has been no change in procedures when a child under age 19 becomes ineligible for Medicaid. When the correct CNS closing code for excess income is used, the system will automatically generate a file to CHPlus. If the child is currently in a Medicaid managed care plan that also offers CHPlus, the information regarding that child will be sent electronically to that plan for CHPlus. If the Medicaid managed care plan does not offer CHPlus or the child was enrolled in fee-for-service Medicaid, the child will be auto-assigned to a CHPlus health plan. The LDSS is not required to take any further action in these situations. The health plan will follow up with the individual to obtain any additional information needed to process the application for CHPlus enrollment.

Please direct any questions to the Local District Support Unit at 518-474-8887 Upstate and 212-417-4500 for NYC.