

OTHER ELIGIBILITY REQUIREMENTS APPLICATION, CERTIFICATION AND RENEWAL

FACILITATED ENROLLERS

Description: Facilitated enrollers (FEs) assist applicants in the completion of the application. This assistance includes the following:

- Providing application assistance including:
 - seeing, copying and/or recording information about documents that verify eligibility requirements such as original identity and citizenship documents;
 - assisting in the completion of the application and
 - assisting in the collection of various documentation items;
- Screening the family for the appropriate program;
- Submitting the completed application, documentation and enrollment form to the local district;
- Counseling the applicant on managed care plan selection, where appropriate; and
- Following-up with the applicant to ensure that they complete the application process.

Policy: Effective April 1, 2010, an interview for Medicaid and FHPlus must not be required as a condition of eligibility. While an interview cannot be required, FEs are required to provide application assistance, as appropriate, to an applicant who seeks assistance in understanding the application process or with completing the application. The local district determines the applicant's eligibility for Family Health Plus, Medicaid and the Family Planning Benefit Program and is responsible for the enrollment of applicants into managed care plans as appropriate.

Persons requiring long-term care services such as nursing home care or personal care may not apply through facilitated enrollers.

References:

ADMs	10 OHIP/ADM-4 01 OMM/ADM-6
INFs	10 OHIP/INF-1
GISs	11 MA/007

Interpretation: When an FE meets with an applicant or authorized representative and provides application assistance, the FE will receive and submit the application to the appropriate LDSS. In this situation, the FE must submit the application to the LDSS for an eligibility determination within 15 days. If upon agreement between an FE or health plan and

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the local department of social services the FE or health plan electronically fills out an application, the applicant may provide his/her signature on an electronic keypad which transmits the signature to the application to be printed and sent to the LDSS.

NOTE: If a recipient wants to add a child to his/her case between authorization periods, the recipient may seek application assistance at an FE. Facilitated enrollers will assist the individual in completing an application for the child and submit it to the appropriate LDSS.

When an applicant completes an application on his/her own, and then submits the application to the FE, or asks the FE to review the application, the FE must review the application to ensure that it is complete and all necessary documentation has been presented. Such applications become FE applications. The FE must have the applicant resign/date the application and collect current documentation. The FE must date stamp the application on the day he/she meets with the applicant, which will start the 15 day clock.

If the applicant goes to an FE to present his/her original documents, but does not submit the completed application to the FE, and the FE does not provide application assistance, the FE must make copies of the original documents, stamp the copy indicating the date the original was seen, add the lead name and the FE name on the copy, and return the original documents and copies to the applicant for submission to the LDSS.

NOTE: Local departments of social services may not require that individuals apply through an FE, nor may they require that the applicant seek application assistance from an FE. In addition, LDSSs cannot forward applications submitted directly by an applicant to an FE and require the FE to follow up in obtaining necessary documentation.

When an application is mailed directly to a Child Health Plus (CHPlus) plan that is not an FE, the application (whether it is complete or incomplete) will be mailed by the plan directly to the LDSS if the child appears Medicaid eligible. In this situation, the date of application is the date that a signed and dated application is received by the LDSS. Non-FE CHPlus plans will not refer these applicants to an FE for application assistance. In situations where the CHPlus plan is an FE, the plan must review the application to ensure it is complete and all necessary documentation has been provided before it is forwarded to

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the LDSS. In such cases, the date of application is the date the FE receives the complete application. The FE has 15 business days from the date the application was received to get the application to the LDSS.