

CHAPTER M22

FAMIS MOMS

M22 Changes

Changed With	Effective Date	Pages Changed
UP #6	4/1/12	Appendix 1
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TN #95	3/1/11	pages 4-6 Appendix 1
UP #4	7/1/10	page 10
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UP #3	3/01/10	page 2
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M2200.000 FAMIS MOMS

M2210.100 FAMIS MOMS GENERAL INFORMATION

A. Introduction

The 2005 Appropriations Act directed the Department of Medical Assistance Services (DMAS) to amend the Family Access to Medical Insurance Security Plan (FAMIS) and expand medical coverage to uninsured pregnant women who are ineligible for Medicaid and have income in excess of the Medicaid limits, but whose family income is less than or equal to 200% of the federal poverty level (FPL). An eligible woman will receive coverage through her pregnancy and 60 days following the end of the pregnancy.

FAMIS MOMS is not an entitlement program, which means that if funds for this program are exhausted, no additional individuals will receive benefits under the program. The DMAS will notify the Department of Social Services (DSS) Central Office if funds for this program run out.

Initial eligibility for FAMIS MOMS is determined by local departments of social services (LDSS), including LDSS outstationed sites, or by the FAMIS Central Processing Unit (CPU). Pregnant women found eligible for FAMIS MOMS receive the same benefits as Medicaid pregnant women.

Eligible women are enrolled for benefits effective the first day of the application month if all eligibility requirements are met in that month. There is no retroactive coverage in FAMIS MOMS. Case management and ongoing case maintenance, and selections for managed care, are handled by the FAMIS CPU.

B. Policy Principles

FAMIS MOMS covers uninsured low-income pregnant women who are not eligible for Medicaid due to excess income, and whose countable income is less than or equal to 200% of the FPL.

A pregnant woman is eligible for FAMIS MOMS if all of the following are met:

- she is not eligible for Medicaid and has income in excess of the Medicaid limits;
- she is a resident of Virginia;
- she is uninsured;
- she is **not** a member of a family eligible for health benefits coverage under the State Employee Health Insurance Plan on the basis of a family member's employment with a State agency (see Appendix 3 to Chapter [M21](#) for a list of state agencies);
- she is not an inmate of a public institution;

- she is **not** an inpatient in an institution for mental diseases; and
- she has countable family income less than or equal to 200% FPL.

M2220.100 NONFINANCIAL ELIGIBILITY REQUIREMENTS

- A. Policy** The pregnant woman must meet, with certain exceptions, the Medicaid nonfinancial eligibility requirements in Chapter M02 and the nonfinancial eligibility requirements imposed by FAMIS.
- B. M02 Applicable Requirements** The Medicaid nonfinancial eligibility requirements in Chapter M02 that must be met are:
- citizenship or alien status;
 - Virginia residency requirements;
 - assignment of rights;
 - application for other benefits;
 - institutional status requirements regarding inmates of a public institution.
- C. FAMIS Nonfinancial Requirements** The FAMIS nonfinancial eligibility requirements are:
- 1. Citizenship & Identity Verification Required** The Children’s Health Insurance Program Reauthorization Act (CHIPRA) of 2009 mandates that, effective January 1, 2010, all applicants for coverage in a Title XXI program must provide verification of citizenship and identity (C&I). If the pregnant woman is a United States (U.S.) citizen, *she* must meet the U.S. citizenship requirements in M0220.100. *Verification of citizenship is required; declaration of the woman’s U.S. citizenship is **no longer** accepted. However, as with Medicaid, a reasonable opportunity period must be given.*
- The C&I verification requirements in M0220.100 apply to FAMIS MOMS, *including the use of the Social Security Administration (SSA) data match when a Social Security Number (SSN) has been provided. If an SSN has not been provided, a reasonable opportunity to provide acceptable documentation of C&I must be given.*
- If not a U.S. citizen, the pregnant woman must meet the alienage requirements.
- 2. Alienage Requirements** FAMIS MOMS alienage requirements are the same as the FAMIS alienage requirements.
- a. Citizens and qualified aliens who entered the U.S. before August 22, 1996 meet the citizenship/alienage requirements.
 - b. The following qualified aliens who entered the U.S. on or after August 22, 1996 meet the alienage requirements **without any time limitations**

- refugees (see M0220.310 A. 2),
 - asylees (see M0220.310 A. 4),
 - veteran or active military (see M0220.311),
 - deportation withheld (see M0220.310 A. 6),
 - victims of a severe form of trafficking (see M0220.313 A. 5), and
 - Iraqi and Afghan Special Immigrants (see M0220.313 A.6)..
- c. The following qualified aliens who entered the U.S. on or after August 22, 1996 meet the alienage requirements **after 5 years of residence in the United States**:
- lawful permanent residents (LPRs),
 - conditional entrants-aliens admitted pursuant to 8 U.S.C.1153(a)(7),
 - aliens paroled in the US pursuant to 8 U.S.C. 1182(d)(5), section 212(d)(5) of the INA, and
 - battered aliens, alien parents of battered children, alien children of battered parents.
- d. Appendix 3 to Chapter M21 contains a FAMIS Alien Eligibility Chart that lists the alien groups that meet or do not meet the FAMIS MOMS alienage requirements.

3. FAMIS MOMS for Certain Qualified Aliens Ineligible for Full Medicaid Benefits

If a pregnant woman is ineligible for full-benefit Medicaid because she does not meet the alien status requirements for full-benefit Medicaid, the woman is to be enrolled in FAMIS MOMS as long as she (1) meets the FAMIS MOMS alien status requirements and all other FAMIS MOMS non-financial eligibility requirements and (2) has income less than or equal to 200% FPL. See subchapter M0220 for additional information. This policy does NOT apply to Unqualified aliens, including illegal and non-immigrant aliens, because they do not meet the alien status requirements for FAMIS MOMS. FAMIS MOMS does not provide any emergency services eligibility for unqualified aliens (see M2220.100 C.5, below).

The table below lists the differences between the qualified alien status policies for full Medicaid coverage and FAMIS MOMS coverage for individuals who entered the U.S. on or after August 22, 1996:

Qualified Alien Group (see M0220.400)	Meets Medicaid alien status requirement for full coverage	Meets FAMIS MOMS alien status requirement
<i>veterans or active military</i>	<i>yes, with no time limit</i>	<i>yes, with no time limit</i>
<i>refugees; asylees; deportation withheld; Cuban/Haitian entrants; victims of a severe form of trafficking; and Iraqi and Afghan Special Immigrants</i>	<i>yes, only for first 7 years in U.S.</i>	<i>yes, with no time limit</i>
<i>lawful permanent residents (LPRs),</i>	<i>yes, only after 5 years in U.S. and with 40 qualifying work quarters</i>	<i>yes, only after 5 years in U.S., no work requirement</i>
<i>conditional entrants; aliens paroled in the U.S.; and battered aliens, alien parents of battered children, alien children of battered parents</i>	<i>No</i>	<i>yes, only after 5 years in U.S.</i>

*If a pregnant woman is ineligible for full-benefit Medicaid because of her alien status **and** her countable income is less than or equal to the Medicaid 133% FPL income limit, the pregnant woman's FAMIS MOMS eligibility determination and enrollment (if she is eligible for FAMIS MOMS) must be performed manually **outside of ADAPT**. If the pregnant woman is eligible for FAMIS MOMS, she is to be enrolled in FAMIS MOMS aid category 005.*

Because this process is a manual determination, the paper case record must be transferred to the FAMIS CPU for ongoing case maintenance. The case transfer must include copies of the application, evaluation of eligibility, proof of income and notice of action. Case transfer procedures are located in M2140.100 E.2.

**4. Lawfully
Residing Non-
citizen Children
< 19 Not
Applicable**

The *lawfully residing non-citizen* children policy in M0220.314 does NOT apply to the FAMIS *and* FAMIS MOMS programs.

**5. No Emergency
Services for
Unqualified
Aliens**

Unqualified aliens, including illegal and non-immigrant aliens do not meet the alienage requirements. FAMIS MOMS does not provide any emergency services eligibility for unqualified aliens.

**6. SSN not
Required**

The applicant is not required to provide an SSN or proof of an application for an SSN.

**D. FAMIS MOMS
Covered Group
Requirements**

- 1. Verification of Pregnancy** Verification of pregnancy, including the expected delivery date, must be provided. Acceptable verification is a written or verbal statement from a physician, public health nurse or similar medical practitioner.

Documentation of how the pregnancy was verified must be included in the case record.
- 2. Must be Uninsured** The pregnant woman must be uninsured; that is, she must not be covered under any creditable health insurance plan offering hospital and medical benefits. If a pregnant woman has creditable health insurance that does not cover pregnancy, labor and/or delivery services, the pregnant woman is ineligible for FAMIS MOMS because she is insured.
- 3. IMD Prohibition** The pregnant woman cannot be an inpatient in an institution for mental diseases (IMD).
- 4. State Employee Health Benefits Prohibition** A pregnant woman is ineligible for FAMIS MOMS if she is eligible for health insurance coverage under any Virginia State Employee Health Insurance Plan on the basis of her or a family member's employment with a State agency. A woman who cannot be enrolled until an open enrollment period is not prohibited from FAMIS MOMS coverage.

See Appendix 2 to Chapter M21 for a list of state government agencies.

M2220.200 HEALTH INSURANCE COVERAGE

A. Introduction The intent of FAMIS MOMS is to provide health coverage to low-income uninsured pregnant women. A pregnant woman who has creditable health insurance coverage is not eligible for FAMIS MOMS.

B. Definitions

1. Creditable Coverage For the purposes of FAMIS MOMS, creditable coverage means coverage of the individual under any of the following:

- church plans and governmental plans;
- health insurance coverage, either group or individual insurance;
- military-sponsored health care;
- a state health benefits risk pool;
- the federal Employees Health Benefits Plan;
- *Medicare*;
- a public health plan; and
- any other health benefit plan under section 5(e) of the Peace Corps Act.

The definition of creditable coverage includes short-term limited coverage.

- 2. Employer-Sponsored Dependent Health Insurance** Employer-sponsored dependent health insurance means the employer pays a portion of the premium payment. COBRA coverage in which the employer makes no contribution to the payment of the premium is not employer-sponsored insurance.
- 3. Family Member** ONLY when determining whether the pregnant woman is eligible for coverage under a State Employee Health Insurance Plan, “family member” means the pregnant woman’s spouse with whom she lives, or her parent(s) with whom she lives when the pregnant woman is unmarried and is under age 23. “Family member” includes the pregnant woman’s stepparent with whom she is living if the pregnant woman is under age 21 and her stepparent claims the pregnant woman as a dependent on his federal tax return. State employee health benefits are available to the state employee’s unmarried **dependent** child or stepchild under age 23 years.
- 4. Health Benefit Plan** “Health benefit plan” is defined in the Virginia Bureau of Insurance Regulations (14VAC5-234-30) and means:
- any accident and health insurance policy or certificate,
 - health services plan contract,
 - health maintenance organization subscriber contract,
 - plan provided by a Multiple Employer Welfare Arrangement (MEWA)”.
- Health benefit plan does NOT mean:
- Medicaid or State/Local Hospitalization;
 - accident only;
 - credit or disability insurance;
 - long-term care insurance;
 - dental only or vision only insurance;
 - specified disease insurance;
 - hospital confinement indemnity coverage;
 - limited benefit health coverage;
 - coverage issued as a supplement to liability insurance;
 - insurance arising out of workers’ compensation or similar law;
 - automobile medical payment insurance; or
 - insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.
- 5. Insured** means having creditable health insurance coverage or coverage under a health benefit plan. A woman is considered to be insured if she is covered by a creditable health insurance plan, even if the policy or plan does not cover pregnancy-related services.
- 6. Uninsured** means having no insurance; having insurance that is not creditable; having coverage which is not defined as a health benefit plan, or having a health insurance plan that does not have a network of providers in the area where the pregnant woman resides.

C. Policy

- 1. Must be Uninsured**

A nonfinancial requirement of FAMIS MOMS is that the pregnant woman be uninsured. A pregnant woman **cannot**:

 - have creditable health insurance coverage;
 - have coverage under a group health plan (TRICARE, federal employee benefit plan, private group insurance such as Anthem, etc.) or *Medicare*;
 - be a member of a family eligible for health benefits coverage under a State Employee Health Insurance Plan (a full-time, salaried, classified State employee or a permanent, full-time, salaried State education institution faculty member) [see Appendix 3 to chapter M21].

- 2. Prior Insurance**

Prior insurance coverage is not a factor as long as the pregnant woman is uninsured during the month for which FAMIS MOMS eligibility is being determined.

M2220.300 NO CHILD SUPPORT COOPERATION REQUIREMENTS

- A. Policy** There are no requirements for FAMIS MOMS applicants or recipients to cooperate in pursuing support from an absent parent.

M2230.100 FINANCIAL ELIGIBILITY

A. Financial Eligibility

- 1. FAMIS MOMS Assistance Unit**

The FAMIS MOMS assistance unit policy is the same as the Medicaid pregnant woman assistance unit policy. Use subchapter M0520, F&C Family/Budget Unit, to determine the pregnant woman's family unit for her financial eligibility determination. If ineligible in the family unit, determine her eligibility in the budget unit (if appropriate). The unborn child(ren) is counted as part of the family unit.

- 2. Asset Transfer**

Asset transfer rules do not apply to FAMIS MOMS.

- 3. Resources**

Resources are not evaluated for FAMIS MOMS.

- 4. Income**
 - a. Countable Income**

The source and amount of all income other than Workforce Investment Act, Supplemental Security Income (SSI) and student income, must be verified and counted. FAMIS MOMS uses the same income types and methods for estimating income as in Medicaid Families & Children (F&C) policy (see chapter M07).

Medicaid F&C income disregards, other than the \$30 plus 1/3 earnings disregard in LIFC, apply when determining countable income for FAMIS MOMS (see chapter M07).

b. Available Gross Income

For the application month and ongoing months - available income is the average gross monthly income that is expected to be received in the application and ongoing months. There is no retroactive coverage in FAMIS MOMS.

c. Income Limits

The FAMIS MOMS income limit is 200% of the FPL (see Appendix 1 to this chapter) for the number of individuals in the FAMIS MOMS family unit, or budget unit (if applicable).

5. No Spenddown

Spenddown does not apply to FAMIS MOMS. If countable income exceeds the FAMIS MOMS income limit, the pregnant woman is not eligible for the FAMIS MOMS program and she must be given the opportunity to have a medically needy (MN) Medicaid evaluation.

M2240.100 APPLICATION and CASE PROCEDURES

A. Application Requirements

The following forms are acceptable application forms for FAMIS MOMS:

- Health Insurance for Children and Pregnant Women application,
- Medicaid Application for Medically Indigent Pregnant Women
- Application for Benefits, and
- ADAPT Statement of Facts.

Applications can be mailed to the LDSS or the FAMIS Central Processing Unit (CPU). A face-to-face interview is not required.

The date of the application is the date the signed application is received at the LDSS, including DSS outstationed sites, or at the FAMIS CPU.

For applicants under the age of 18, the parent, legal guardian, authorized representative, or an adult relative with whom the child lives must sign the application. The adult relative must be related by blood or marriage.

Documentation of the relationship is not required. The child's parent or legal guardian may designate in writing an authorized representative to complete and sign the application.

For applicants age 18 or older, the applicant, family substitute relative, authorized representative or the guardian can sign the application.

**B. Eligibility
Determination**

**1. Pregnant
Teenager Under
Age 19**

When an application is received for a pregnant teenager who is under age 19, is not eligible for Medicaid and has income in excess of the Medicaid limits, process her eligibility in the following order:

- a. first, process eligibility as a Medicaid MI child under age 19; if not eligible because of excess income, go to item b.
- b. second, process eligibility as a Medicaid MI pregnant woman; if not eligible because of excess income, go to item c.
- c. third, process eligibility as a FAMIS child under age 19; if not eligible because of excess income, go to item d.
- d. fourth, process eligibility as a FAMIS MOMS pregnant woman. In order to complete the eligibility determination, the FAMIS MOMS nonfinancial requirements in [M2220.100](#) and the financial requirements in [M2230.100](#) must be met. If she is not eligible for FAMIS MOMS because of excess income, she must be given the opportunity to have a medically needy evaluation completed.

**2. 10-day
Processing**

Applications for pregnant women must be processed as soon as possible, but no later than 10 working days from the date the signed application was filed. If all necessary verifications are not received, the application continues to pend until the 45 day processing time limit is met.

**3. Notice
Requirements**

The applicant/recipient must be notified in writing of the required information and the deadline by which the information must be received.

The agency must have all necessary verifications within 10 working days in order to determine eligibility. If all verifications are not received within 10 working days, a Notice of Action on Medicaid and FAMIS Programs (NOA), form #032-03-008 (see subchapter M0130, Appendix 1) must be sent to the applicant. The NOA must state why action on the application could not be taken, specify what documentation is necessary in order to determine eligibility, and give a deadline of at least 10 calendar days to submit the verification.

Once all necessary verifications for the pregnant woman are received, an eligibility determination must be made immediately and the applicant must be notified of the decision.

**C. Case Setup
Procedures for
Approved Cases**

Because Medicaid and FAMIS MOMS are separate programs, Medicaid eligible individuals and FAMIS MOMS eligible individuals cannot share the same base case number in the Virginia Medicaid Management Information System (MMIS). Only individuals eligible for the same program (Medicaid or FAMIS/FAMIS MOMS) can share the same base case number in the MMIS.

When an individual is determined eligible for FAMIS MOMS and the individual has family members enrolled in Medicaid, the FAMIS MOMS individual must be given a new MMIS base case number when enrolled.

The local DSS worker cannot change the FIPS code or make any other change to the case after the case has been transferred to the FAMIS CPU in MMIS.

D. Entitlement and Enrollment

- 1. Begin Date of Coverage** Pregnant women determined eligible for FAMIS MOMS are enrolled for benefits in the Virginia Medicaid Management Information System (MMIS) effective the first day of the application month, if all eligibility requirements are met in that month.
- 2. No Retroactive Coverage** There is no retroactive coverage in the FAMIS MOMS program.
- 3. Aid Category** The FAMIS MOMS aid category (AC) is “005.”

E. Notification Requirements

Notice must be sent to the pregnant woman informing her of the action taken on the application. The notice must include the eligibility determination results for both Medicaid and FAMIS MOMS.

If the pregnant woman is eligible for FAMIS MOMS, the notice must inform the pregnant woman that the case has been transferred to the FAMIS CPU and that further information on the program will come from the FAMIS CPU.

If the pregnant woman is ineligible for both Medicaid and FAMIS MOMS due to excess income, she must be sent a notice that she is not eligible for either program and must be given the opportunity to have a Medicaid medically needy evaluation completed. Send the notice and an Application for Benefits to the pregnant woman and advise her that if the signed application is returned within 10 days the original application date will be honored.

NOTE: The ADAPT NOA meets the notification requirements. When a NOA is generated by ADAPT, do not send the NOA form #032-03-008.

F. Transfer Case to FAMIS CPU

Once the enrolled FAMIS MOMS case is transferred in MMIS and the notice is sent to the family, the case must be transferred to the FAMIS CPU for ongoing case maintenance.

See chapter M21, section [M2140.100 E](#) for the procedures to use when transferring a FAMIS MOMS case to the FAMIS CPU.

- G. Transitions Between Medicaid And FAMIS MOMS (Changes and Renewals)** See chapter M21, sections M2140.100 F through J for the procedures to use when an enrollee transitions between Medicaid and FAMIS MOMS.
- H. Application Not Required for Newborn** The newborn child born to a FAMIS MOMS enrollee is deemed eligible for FAMIS or Medicaid *coverage until his first birthday. A Medical Assistance application is not required until the month in which the child turns age 1. The newborn's eligibility, enrollment and case is handled by the FAMIS CPU.*

M2250.100 REVIEW OF ADVERSE ACTIONS

An applicant for FAMIS MOMS may request a review of an adverse determination regarding eligibility for FAMIS MOMS. FAMIS MOMS follows the procedures established by Medicaid for client appeals (see Chapter M16).

The payment of medical services on the part of any pregnant woman or any right to participate in the program is not subject to review if the reason for denial or cancellation is that funds for the FAMIS MOMS program are exhausted.

FAMIS MOMS INCOME LIMITS ALL LOCALITIES		
EFFECTIVE 1/26/12		
# of Persons in FAMIS MOMS Assistance Unit	FAMIS MOMS 200% FPL	
	Annual Limit	Monthly Limit
2	\$30,260	\$2,522
3	38,180	3,182
4	46,100	3,842
5	54,020	4,502
6	61,940	5,162
7	69,860	5,822
8	77,780	6,482
Each additional, add	7,920	660