

July 1, 2010

MEDICAID MANUAL – VOLUME XIII

POLICY UPDATE #4

Medicaid Policy Update #4 contains revised policy regarding Medicaid eligibility for children receiving Children's Mental Health Program Services and the implementation of deemed eligibility status for babies born to mothers enrolled in FAMIS MOMS. The policy revisions contained in Medicaid Policy Update #4 are effective for all eligibility determinations completed on or after July 1, 2010.

Revised Policy

Children's Mental Health Program Services

The policy on Medicaid eligibility for children who receive Children's Mental Health services has changed. Effective July 1, 2010, children receiving Children's Mental Health services after discharge from a psychiatric residential treatment facility continue to be eligible for Medicaid without the need for an eligibility review. When determining the Medicaid eligibility of these children, each child is considered an assistance unit of one (1) as long as the child continues to receive Children's Mental Health Services. The local department of social services will be notified that the child has been discharged from the psychiatric residential treatment facility and that the child has been approved for Children's Mental Health Program Services.

FAMIS MOMS Newborns

Effective July 1, 2010, babies born to mothers enrolled in FAMIS MOMS will be deemed eligible for FAMIS or FAMIS Plus without having to file an application. When the birth of the baby is reported to the Central Processing Unit (CPU), staff will review information in the existing FAMIS MOMS record to determine if the child is FAMIS or FAMIS Plus eligible based on income and household composition. Staff will enroll the child in the appropriate group and send a notice to the family. Coverage for the child will continue until his first birthday unless the child dies or moves out of state.

If an application for coverage for a pregnant woman is filed at the LDSS and the child is born while the application is pending, the local agency will enroll the newborn in the appropriate FAMIS or FAMIS Plus aid category if the mother is determined to be FAMIS MOMS eligible. The newborn's case should then be transferred to the CPU for case maintenance.

Responsibility for ongoing case maintenance for these children will be handled by the CPU until the child turns age one even if the LDSS becomes responsible for other family members. Approximately 75 days prior to the child's first birthday, the mother will be sent an application by the CPU to apply for continued coverage for the child. If the application is not returned to the CPU, an advance notice of termination will be sent and the child's coverage will be cancelled in the Medicaid Management Information System (MMIS). If the application is returned, continued eligibility will be determined by the CPU using established policy and procedures.

Cases of children found to be eligible for FAMIS Plus will then be transferred to the LDSS for ongoing case maintenance.

Electronic Version

Medicaid Policy Update #4 is available electronically on SPARK and the VDSS public web site. It has not been printed for distribution. The electronic version is the transmittal of record. Significant changes to the manual are as follows:

Pages Changed	Significant Changes
Subchapter M0520 pages 2, 2a	On page 2, added policy regarding the Medicaid family unit for children receiving Children’s Mental Health Services after discharge from a psychiatric residential facility. Page 2a is a runover page.
Subchapter M1520 page 4	On page 4, revised the policy on eligibility for children receiving Children’s Mental Health Services.
Chapter M22 page 10	On page 10, revised the policy on deemed eligibility for newborns born to mothers enrolled in FAMIS MOMS.

Questions about information contained in Medicaid Policy Update #4 should be directed to Stephanie Sivert, Manager, Medical Assistance Programs, at 804-726-7660 or stephanie.sivert@dss.virginia.gov.

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M0520 Changes

Changed With	Effective Date	Pages Changed
Update (UP) #4	07/01/10	pages 2, 2a

4. Psychiatric Residential Treatment Facilities

a. Children Living in a Psychiatric Residential Treatment Facility

Children placed in psychiatric residential treatment facilities are considered absent from their home if their stay in the facility has been **30** days or more. A child who is placed in a psychiatric residential treatment facility is considered NOT living with his parents for Medicaid eligibility purposes as of the first day of the month in which the 30th day of psychiatric residential placement occurs. Long-term care rules do not apply to these children.

b. Children's Mental Health Program Services Received After Discharge From Psychiatric Residential Treatment Facility

*Children who receive Medicaid-covered treatment in a psychiatric residential treatment facility **may** receive a special benefit package through the Children's Mental Health Program following discharge from the facility. Effective July 1, 2010, children who receive Children's Mental Health Program services after discharge from a psychiatric residential treatment facility continue to be eligible for Medicaid without the need for an eligibility review. When determining the Medicaid eligibility of these children, each child is considered an assistance unit of one (1) as long as the child continues to receive Children's Mental Health Program Services.*

See section M1520.100 E for documentation required for children who receive Children's Mental Health Program services in their own homes after discharge from the psychiatric residential treatment facility.

5. Medical Facilities

Children in medical institutions (facilities) are temporarily absent from home if their stay in the medical facility is less than 30 consecutive days. If the stay has been, or is expected to be, 30 or more consecutive days, go to section M1410.010 to determine if the child is institutionalized in long-term care. A child who is institutionalized in a medical facility or Medicaid waiver services is NOT considered living with his or her parents for Medicaid eligibility purposes.

C. Procedure

This section contains an overview of the F&C family unit and budget unit rules. The detailed policy and procedures are contained in the following sections:

- M0520.010 Definitions;
- M0520.100 Family Unit Rules;
- M0520.200 Budget Unit Rules;
- M0520.300 Deeming From Spouse;
- M0520.400 Deeming From Parent;
- M0520.500 Changes In Status;
- M0520.600 Pregnant Woman Budget Unit;
- M0520.700 Individual Under Age 21 Family Unit.

M0520.010 DEFINITIONS

A. Introduction

This section contains definitions of the terms used in the F&C family/budget unit policy and procedures.

**B. Acknowledged
Father**

In Virginia, a man who is legally married to the mother of a child on the child's date of birth is considered to be the legal father of the child **UNLESS** another man has been determined by DCSE or a court to be the child's father. The man listed on the application form as the child's father is considered to be the child's acknowledged father when:

- the mother was not married to another man on the child's birth date, or
- the mother was married to another man on the child's birth date but DCSE or a court determined that the man listed on the application is the child's father,

unless documentation, such as the child's birth certificate, shows that another man is the child's father.

NOTE: Her declaration on the application of the child's father's name is sufficient unless there is evidence that contradicts the application. The mother's marital status at the time of the child's birth does not require verification; her declaration of her marital status is sufficient. See M0310.123 for the definition of a parent.

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M1520 Changes

Changed With	Effective Date	Pages Changed
UP #4	7/01/10	page 4
TN #93	01/01/10	pages 3, 4b, 5-6, 10, 15 pages 21, 22
UP #2	08/24/09	pages 1, 2, 13, 14, 17, 18
Update (UP) #1	07/01/09	page 3

**E. Child Discharged
From A Psychiatric
Residential
Treatment Facility**

Children who receive Medicaid-covered treatment in a psychiatric residential treatment facility may receive a special benefit package through the Children's Mental Health Program following discharge from the facility. Effective July 1, 2010, children receiving Children's Mental Health Program services after discharge from a psychiatric residential treatment facility continue to be eligible for Medicaid without the need for an eligibility review. When determining the Medicaid eligibility of these children, each child is considered an assistance unit of one (1) as long as the child continues to receive Children's Mental Health Program Services.

**1. Notification to
LDSS**

The discharge planner with the psychiatric residential treatment facility will send a Children's Mental Health Program Pre-Release Referral (form DMAS-800) to the agency. The referral will identify the child, the proposed date of discharge, and the proposed placement in the community. Transitional services care coordinators may download the official form from the DMAS web site, <http://www.dmas.virginia.gov>.

**2. Agency
Responsibility**

Upon receipt of the Children's Mental Health Program Pre-Release Referral, the agency will document in the case record that the child has been approved for Children's Mental Health Program Services. The child continues to be an assistance unit of one (1) for Medicaid eligibility purposes as long as the child continues to receive Children's Mental Health Program Services.

Unless a change is subsequently reported that may impact eligibility, the child's Medicaid eligibility is not reviewed until the next annual renewal is due. A copy of the completed referral form must be kept in the case record.

M1520.200 RENEWAL REQUIREMENTS

A. Policy

The agency must evaluate the eligibility of all Medicaid enrollees, with respect to circumstances that may change, at least every 12 months. An individual's continued eligibility for Medicaid requires verification of income for all covered groups and resources for covered groups with resource requirements. Blindness and disability are considered continuing unless it is reported that the individual is no longer blind or disabled.

M22 Changes

Changed With	Effective Date	Pages Changed
UP #4	07/01/10	page 10
UP #3	03/01/10	page 2
TN #93	01/01/10	pages 2-10
UP #2	08/24/09	page 3
Update (UP) #1	07/01/09	pages 1, 2, 7 Appendix 1, page 1

- 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.