
POLICY TRANSMITTAL NO. 06-32	DATE: JUNE 28, 2006
OKLAHOMA HEALTH CARE AUTHORITY/FAMILY SUPPORT SERVICES DIVISION	DEPARTMENT OF HUMAN SERVICES OFFICE OF PLANNING, POLICY & RESEARCH

TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 317:35-6-60; 35-6-61; 35-9-75; and 35-19-22.

EXPLANATION: **Policy revisions were approved by the Board and the Governor as required by the Administrative Procedures Act.**

Eligibility rules are revised to increase the length of the Medicaid certification period for low income families with children from six to twelve months.

Original signed on 6-28-06

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WF # 06-J (DT)

INSTRUCTIONS FOR FILING MANUAL MATERIAL

OAC is the acronym for Oklahoma Administrative Code. If OAC appears before a number on an Appendix or before a Section in text, it means the Appendix or text contains rules or administrative law. Lengthy internal policies and procedures have the same Chapter number as the OAC Chapter to which they pertain following a “DHS” number, such as personnel policy at DHS:2-1 and personnel rules at OAC 340:2-1. The “340” is the Title number that designates DHS as the rulemaking agency; the “2” specifies the Chapter number; and the “1” specifies the Subchapter number.

The chronological order for filing manual material is: (1) OAC 340 by designated Chapter and Subchapter number; (2) if applicable, DHS numbered text for the designated Chapter and Subchapter; and (3) all OAC Appendices with the designated Chapter number. For example, the order for filing personnel policy is OAC 340:2-1, DHS:2-1, and OAC 340:2 Appendices behind all Chapter 2 manual material. Any questions or assistance with filing manual material will be addressed by contacting Policy Management Unit staff at (405) 521-3611.

REMOVE

317:35-6-60

317:35-6-61

317:35-9-75

317:35-19-22

INSERT

317:35-6-60, pages 1-4, revised 1-1-06

317:35-6-61, 1 page only, revised 1-1-06

317:35-9-75, 1 page only, revised 1-1-06

317:35-19-22, 1 page only, revised 1-1-06

317:35-6-60. Certification for SoonerCare Health Benefits for pregnant women and families with children

An individual determined eligible for SoonerCare Health Benefits may be certified for a medical service provided on or after the first day of the month of application. The period of certification may not be for retroactive months. The certification period in family cases is assigned for the shortest period of eligibility determined for any individual in the case. However, the individual who is categorically needy and categorically related to pregnancy-related services retains eligibility for the period covering prenatal, delivery and postpartum periods without regard to other certification periods in the case. ■ 1

(1) **Certification as a TANF (cash assistance) recipient.** A categorically needy individual who is determined eligible for TANF is certified effective the first day of the month of TANF eligibility.

(2) **Certification of non-cash assistance individuals categorically needy and categorically related to AFDC.** The certification period for the individual categorically related to AFDC is 12 months. The certification period can be less than 12 months if the individual:

(A) is certified as eligible in a money payment case during the 12-month period;

(B) is certified for long-term care during the 12-month period;

(C) becomes ineligible for medical assistance after the initial month; or

(D) becomes ineligible as categorically needy.

(i) If an income change after certification causes the case to exceed the categorically needy maximums, the case is closed.

(ii) Individuals, however, who are determined pregnant and eligible as categorically needy continue to be eligible

for pregnancy-related services through the prenatal delivery and postpartum period, regardless of income changes. A pregnant individual included in a TANF case which closes continues to be eligible for pregnancy related services through the postpartum period. ■ 2

(3) Certification of individuals categorically needy and categorically related to pregnancy-related services. The certification period for the individual categorically related to pregnancy-related services will cover the prenatal, delivery and postpartum periods. The postpartum period is defined as the two months following the month the pregnancy ends. Eligibility as categorically needy is based on the income received in the first month of the certification period. No consideration is given to changes in income after certification.

(4) Certification of newborn child deemed eligible.

(A) A newborn child is deemed eligible on the date of birth for Medicaid benefits when the child is born to a woman who is eligible for pregnancy-related services as categorically needy. (For purposes of this subparagraph, a newborn child is defined as any child under the age of one year.) The newborn child is deemed eligible through the last day of the month the newborn child attains the age of one year. The newborn child's eligibility is not dependent on the mother's continued eligibility. The mother's coverage may expire at the end of the postpartum period; however, the newborn child is deemed eligible until age one. The newborn child's eligibility is based on the original eligibility determination of the mother for pregnancy-related services, and consideration is not given to any income or resource changes that occur during the deemed eligibility period.

(B) The newborn child is deemed eligible for Medicaid only as long as he/she continues to live in Oklahoma with the mother. No other conditions of eligibility are applicable, including social security number enumeration and child support referral. However, it is recommended that social security number enumeration be completed as soon as possible after the newborn child's birth. It is also recommended that a child support referral be completed, if needed, as soon as possible

and sent to DHS Child Support Enforcement Division (CSED). The referral enables Child Support Services to be initiated.

(C) During the original eligibility determination process for pregnancy-related services, the worker informs the mother that the newborn child will be deemed eligible on the date of birth. The mother is also advised of the importance of her reporting the newborn child's birth immediately so deeming can be done timely.

(D) When a categorically needy newborn child is deemed eligible for Medicaid, he/she is added for a certification period of 13 months. The certification period expires at the end of the month that the newborn child reaches age one. The certification period is shortened only in the event the child:

- (i) leaves the mother's home;
- (ii) loses Oklahoma residence;
- (iii) has medical needs included in another assistance case; or
- (iv) expires.

(E) A newborn child cannot be deemed eligible when the mother's only coverage was presumptive eligibility, and continued eligibility was not established.

INSTRUCTIONS TO STAFF

1. Certification procedures for a family case. Each individual to be included in a family case is coded on the computer input document with the appropriate categorical relationship. Family cases may contain individuals who are categorically related to different categories. The countable income is shown on a monthly basis for each individual.
2. The procedure is to continue the services for the pregnant woman by certifying the D section. If the TANF case is still active for other members, the procedure is to continue the services by

removing the TANF benefit and continue the health benefit.

**317:35-6-61. Redetermination of eligibility for persons receiving
SoonerCare Health Benefits.**

A periodic redetermination of eligibility for SoonerCare Health Benefits is required on all categorically needy cases categorically related to AFDC. The redetermination is made prior to the end of the initial certification period and each 12 months thereafter.

317:35-9-75. Certification for long-term medical care through ICF/MR, HCBW/MR services and to persons age 65 and older in a mental health hospital

(a) **Application date.** If the applicant is found eligible for Medicaid, certification may be made retroactive for any service provided on or after the first day of the third month prior to the month of application and for future months. The first month of the certification period must be the first month that medical service was provided and the recipient was determined eligible. An applicant approved for long-term medical care under Medicaid as categorically needy is mailed a permanent Medical Identification Card.

(b) **Certification period for long-term medical care.** A certification period of 12 months is assigned for an individual categorically related to ABD who is approved for long-term care. When the individual determined eligible for long-term medical care is categorically related to AFDC, a certification period of 12 months is assigned.

317:35-19-22. Certification for NF

(a) **Application date.** The date of the application for NF care is most important in determining the date of eligibility. If the applicant is found eligible for Medicaid, certification may be made retroactive for any service provided on or after the first day of the third month prior to the month of application and for future months. An applicant approved for long-term medical care under Medicaid as categorically needy is mailed a Medical Identification Card.

(b) **Time limited approvals for nursing care.** A medical certification period of a specific length may be assigned for an individual who is categorically related to ABD or AFDC. This time limit is noted on the system. It is the responsibility of the nursing facility to notify the area nurse 30 days prior to the end of the certification period if an extension of approval is required by the client. Based on the information from the NF the area nurse, or nurse designee, determines whether or not an update of the UCAT is necessary for the extension. The area nurse, or nurse designee, coordinates with appropriate staff for any request for further UCAT assessments.

(c) **Certification period for long-term medical care.** A financial certification period of 12 months is assigned for an individual categorically related to ABD who is approved for long-term care. When the individual determined eligible for long-term medical care is categorically related to AFDC, a certification period of 12 months is assigned.