

# ARKANSAS REGISTER

## Transmittal Sheet



Sharon Priest  
Secretary of State  
State Capitol Room 017  
Little Rock, AR 72201-1094

For Office  
Use Only: Effective Date 7/1/97 Code Number 016-20-97-013

Name of Agency Department of Human Services

Department Division of County Operations

Contact Person Joie Wallis

Statutory Authority for Promulgating Rules AR Code Ann. 25-15-201 et seq. and  
AR Code Ann. 20-76-201 et seq.

Intended Effective Date		Date
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<u>July 1, 1997</u>	Reviewed by Legislative Council . . . . .	<u>6-5-97</u>
	Adopted by State Agency . . . . .	<u>7-1-97</u>

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with Act 434 of 1967 As Amended.

[Signature]  
Signature

Director, Division of County Operations

Title

February 26, 1997

Date

SHARON PRIEST  
SECRETARY OF STATE  
STATE OF ARKANSAS

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# MANUAL TRANSMITTAL

## Arkansas Department of Human Services

### Division of County Operations

☒ Policy ☐ Form ☐ Policy Directive

Issuance Number MS 97-4

Medical Services Policy Manual

Issuance Date 07-01-97

From: Roy Hart, Director

Expiration Date Until  
Superseded

Subj: New Policy

<u>Pages to be Deleted</u>	<u>Dated</u>	<u>Pages to be Added</u>	<u>Dated</u>
MS 1300 - 1310	12/01/96	MS 1300 - 1310	07/01/97
MS 1310 - 1330	12/01/96	MS 1310 - 1330	07/01/97
MS 5900 - 5900	05/01/94	MS 5900 - 5911	07/01/97
None		MS 5911 - 5924	07/01/97

#### Summary

Arkansas is implementing a five year family planning demonstration project. The purpose is to expand family planning services to women of childbearing age who are not certified in any other Medicaid category.

A statement has been added at MS 1310 to note that women certified for Family Planning Waiver services only are not required to cooperate with the Office of Child Support Enforcement.

Policy section MS 5910-5924 has been added which provides policies and procedures related to eligibility for this group.

Inquiries to: Terri Wright, 682-8258  
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Boyce Lovett, 682-1562

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SHARON PRIEST  
SECRETARY OF STATE  
STATE OF ARKANSAS  
BY \_\_\_\_\_

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GENERAL INFORMATION

1310

Child Support Enforcement Services

Public Law 100-203, OBRA of 1987, mandates that the Office of Child Support Enforcement (OCSE) provide services to all Medicaid-only persons/families who have assigned to the State their rights to medical support. Each applicant or recipient must cooperate with OCSE in establishing legal paternity and obtaining medical support for each child who has a parent absent from the home.

OCSE must provide all appropriate services to Medicaid-only applicants/recipients without the OCSE application or fee. The OCSE agency is required to petition for medical support when health insurance is available to the absent parent at a reasonable cost. OCSE will also collect child support payments from the absent parent unless OCSE is notified by the recipient in writing that this service is not needed. Child support payments collected on behalf of Medicaid-only families are received and distributed to the custodial parent through the Central Office Child Support Clearinghouse. However, no recovery cost will be collected.

1. Referrals

OCSE referrals will be made at each new certification for:

- all Medicaid eligible children under the age of 18 who have one or both parents absent from the home, and
- all Medicaid eligible children under the age of 18 who were born out of wedlock, including situations where both parents are living in the home (the father will be referred for the establishment of paternity only).

\* EXCEPTION: SOBRA pregnant women will not be required to cooperate with the OCSE on Medicaid certified children, until after their postpartum period has ended. Women certified for Family Planning Waiver Services only are not required to cooperate with OCSE.

A parent is considered to be absent for Medicaid purposes when the absence is due to divorce, separation, incarceration, institutionalization, participation in a Rehabilitation Service Program away from home, or military service, regardless of support, maintenance, physical care, guidance, or frequency of contact.

When a referral for Newborn Coverage (Categories 52 and 63) is received by the county, the worker will determine if there is an absent parent and obtain enough information to complete the DCO-115. Certification of the newborn in the 20-day period allowed for certification will not be delayed due to lack of absent parent information or due to non-cooperation by the newborn's mother.

Both parents of a Medicaid eligible child voluntarily placed in an institution or court ordered to an institution will be referred to the OCSE, whether or not the parent(s) were absent at the time the child was removed from the home.

Absent parents of all foster children will be referred to OCSE by the Division of Children and Family Services Eligibility Specialist.

## 2. Guidelines

The guidelines found in FA 2245 through 2249.2 will be used as the guidelines for the Medicaid OCSE referrals, including the "good cause" policy.

The County Office Worker will explain the assignment of Medical Support on page four of the DCO-95 and will explain the OCSE requirements at each new application interview.

The form DCO-115, Absent Parent Information, will be completed for entry to WAPU (Absent Parent Information Screen) for each Medicaid eligible child who has an absent parent or when legal paternity must be established. Upon receipt of the referral, OCSE will initiate steps to contact the custodial and noncustodial parents.

A DCO-90, Notice Concerning Good Cause For Refusal to Cooperate, will also be completed at each application interview.

Forms DCO-116, Client Statement Regarding Absent Parent, and DCO-117, Absent Parent Statement, need not be completed for Medicaid-only cases, with the exception of AFDC related Medicaid cases where deprivation is an eligibility requirement.

When Medicaid eligibility has ended, OCSE will notify the custodial parent that support services will continue. The custodial parent must advise OCSE in writing if they do not want these services to continue.

## 3. Refusal to Cooperate-Sanction

The County Office will be notified via form OCSE-1650 when an individual fails to cooperate with the OCSE in establishing paternity and medical support. Cooperation in establishing child support payments is not a requirement for Medicaid-only cases.

The needs of an adult relative who refuses to cooperate will not be included in the need standard, but the adult relative's income will be included. A child may not be denied medical benefits at any time due to failure of an adult relative to cooperate; however, inclusion of the adult relative's income in the child's need standard may result in ineligibility for the child. It will not be necessary to obtain a protective payee for the children when the adult relative has refused to cooperate.

1320

### Coordination with Other Programs

Each Economic Services Supervisor must establish procedures to insure coordination between Medical Services Programs, Financial Assistance, Food Stamps, Services, and Child Support Enforcement Programs at the County Office level. This will include the exchange of information between County Office personnel on persons receiving benefits under more than one program, and the referral of persons applying for or receiving benefits under one program to any other program for which he may be eligible.

1330

### Disclosure of Information/Confidentiality

Upon reasonable notice to the county and during county office hours, an applicant or recipient has the right to view and/or obtain copies from his case record.

- b. The effective begin date for the SOBRA case will be the first day of the month following the month of income change or month of case closure, if the month of case closure was later than the month of income change.
- c. The new income amount will be entered in the appropriate income field of the DCO-56, unless it is an amount greater than is allowed for eligibility under SOBRA. If the income is greater than SOBRA limits, enter an amount that is \$1.00 less than the eligibility standard for the appropriate number of people in the unit.
- d. Remind the pregnant woman of her responsibility to report changes, including termination of the pregnancy.

#### 4. Overpayment

When a Medicaid case is closed due to increased family income and an overpayment has occurred, a pregnant woman who was included in the unit will not be included as an ineligible member on the DCO-51, provided that the County has medical verification of the pregnancy. Even if the pregnant woman is not subsequently certified as a SOBRA eligible, she will not be included in the overpayment report.

The above consideration will be given to pregnant women who become Medicaid ineligible due to increased income changes on July 1, 1989 or later.

#### \* 5910 Family Planning Demonstration Waiver

Arkansas implemented a five year family planning demonstration project, effective July 1, 1997. The purpose of this project is to expand family planning services to women of childbearing age, including those who lose Medicaid coverage after a sixty day postpartum period and who are not currently certified in any other Medicaid category.

#### 5911 Extent of Services

Individuals found eligible under this waiver will receive family planning services only. They will not receive any other Medicaid benefits.

Eligible women will be assured freedom of choice in selecting any Medicaid family planning provider from among the following provider types: family planning agencies, obstetrician/gynecologists, family physicians, nurse practitioners, federally qualified health centers, rural health clinics, and local health department clinics.

Recipients will have access to all family planning clinical services provided under the Arkansas Medicaid State Plan. These services currently are:

- 1. Basic Visit (one per year) - Medical history; medical examination, including head, neck, breast, chest, pelvis, abdomen, weight, blood pressure, extremities; breast self-exam instruction; counseling and education regarding the full range of contraceptive methods available; HIV/STD prevention; prescription for any contraceptives selected by the recipient.

2. Periodic/Follow-up Visit (three per year) - Follow-up medical history; weight and blood pressure; contraceptive problem resolution; reissuance of contraceptive methods.
3. Laboratory Services - Laboratory services, as appropriate, such as syphilis serology; papanicolaou smear; gonorrhea culture; other STD assays; sickle cell screening; hemoglobin/hematocrit; urinalysis; pregnancy test; x-ray/ultrasound.
4. Other Services - Other services, as appropriate, such as pre-op visit; Norplant system insertion, removal and removal with reinsertion; IUD insertion and removal; Depo-provera; sterilization services; and medications for the treatment of genitourinary infections.

Abortion services are not included as family planning services under the State Plan.

#### 5912 Identification of Eligibles

Eligibility under the Family Planning Waiver (Category 69) is limited to women of childbearing age who are not certified in any other Medicaid category. Childbearing age is defined as ages 14 - 44; however, women who fall outside this range, but who are at risk for unintended pregnancy, will be allowed to participate.

#### 5913 Application Process - New Applicants

Women who are not currently certified as Medicaid eligible and who wish to apply for only family planning services may apply at the DHS county office or at the local Arkansas Department of Health (ADH) Unit. Form DCO-64, Application for Family Planning Assistance, will serve as the application for family planning waiver services. Other forms needed for new applicants are the DCO-86, DCO-96, and DCO-662, if applicable. The application will be registered in Category 69 on WIMA.

A separate application will be filed for each individual who requests family planning services. A minor may make her own application. Parental signature is not required on the application of a minor, and applicants found eligible at ADH will not be required to have a second interview at a DHS office prior to certification. However, a county office may request second interviews, including requests for parents to accompany minor applicants, if deemed necessary to clear all points of eligibility. Second interviews should be documented in the case records.

Applicants will be informed that their Medicaid card will entitle them to family planning services with the provider of their choice. Category 69 recipients are not required to select a Primary Care Physician (PCP). Each applicant will be given a copy of "Your Guide to Family Planning Services".

Category 69 recipients will be required to have a photo Medicaid ID card.

All applications taken by ADH will be forwarded to the DHS office in the applicant's county of residence no later than 10 days after the date of the initial eligibility determination. The county office will make the final eligibility determination and key approvals into the ACES system no later than 45 days from the date of the application.

5913.1                    Application Process - Pregnant Women (Categories 61, 62, 65, and 66)

An applicant for a pregnant woman (PW) category interviewed in a county office or an ADH unit will be informed that, if found eligible for PW, family planning services will be available to her following the postpartum period if she cannot qualify for or does not wish to receive continuing Medicaid benefits. If she indicates on the DCO-95 that she would like family planning services, no additional application or office interview for postpartum family planning services is required. (The applicant should also be informed that if she is recertified for Medicaid benefits after the pregnancy in another category she can receive family planning services with her Medicaid card).

If PW application is made after termination of a pregnancy, and the applicant indicates on the DCO-95 that she wishes family planning services, no additional application or interview for postpartum family planning services is required. A DCO-95 will be used to register the Cat. 69 on WIMA.

In the event the request for family planning services was not made on the DCO-95, the DCO-645 may also serve as the request for family planning services for Medicaid certified pregnant women whose newborn infants have been referred for Medicaid coverage. A new application and office interview are not required. The DCO-645 will be used to register the Cat. 69 on WIMA.

NOTE: The above nonapplication/noninterview procedures apply only to PW Categories 61, 65, and 66. A woman approved in any other category who loses her Medicaid eligibility will need to complete a new application (DCO-64) and have a face to face interview if she wishes to receive family planning only services.

System notices of PW approval will remind a PW that postpartum family planning services are available if she contacts DHS to request the services. Additional notices will be system generated to Cat. 61, 65, and 66 PW recipients 30 days prior to the end of the postpartum period, requesting them to sign and return the notice if they want extended family planning services.

Each PW applicant will be informed that in order to be approved for family planning waiver services only, she MUST CONTACT THE DHS OFFICE PRIOR TO THE END OF THE POSTPARTUM PERIOD TO REQUEST THESE SERVICES. The request may be in person, or by mail, telephone, or signed and returned system notice. If the PW has previously indicated on a signed DCO-95 or DCO-645 that she wants postpartum family planning services, she will not be required to complete another application or have another office interview.

The Worker Alert Screen (WALR) may be used as an optional procedure to notify the county office when a PW is nearing the end of her postpartum period.

A copy of "Your Guide to Family Planning Services" will be given to each applicant.

5914                    Eligibility Requirements

It will not be necessary to redetermine eligibility for postpartum family planning services for women previously certified in Categories 61, 65, or 66 who request services no later than the last day of the postpartum period. The "No Look Back" policy (Re. MS 5740.1) will apply, i.e., any income increases which may have occurred since PW certification will be disregarded. If there is a break between the end of the postpartum period and the date family planning services are requested, a new application (Form DCO-64) will be required, the "No Look Back" policy will not apply, and eligibility must be redetermined.

For new applicants, the following eligibility requirements must be met.

1. Income - Net income cannot exceed 133% of the Federal Poverty Income Guidelines for the appropriate number of persons included in the budget. The AFDC income disregards (Re. FA 2351) and earned income deductions (Re. FA 2365.1 and 2365.5) will be given. The AFDC earned income exclusions will not be applied.

Income will not be verified. The applicant's declaration of gross monthly income will be accepted and used in computing net countable income.

Lump sum payments will be disregarded as income.

An adult female applicant will be budgeted with her minor children and the natural/adoptive father of her children if he is living in the home. Children may be excluded from the budget if their income would cause the parent to be ineligible. Children may also be excluded for other reasons, and the reason need not be stated.

If services are requested for a minor who is living with her parents, the income of the minor's parents will be disregarded and the minor will be budgeted on a separate application with only her children, if any, and the father of her children, if he is in the home. If more than one minor in a household requests services, each will be budgeted with her children and the children's father, if in the home, in a separate application. If the parent of a minor and a minor both request services, the minor may be included in both budgets.

2. Resources - The Medically Needy Resource Levels (MNRLs) are the resource standards used for Family Planning Waiver eligibility (Re. MS 7500).

Resources will not be verified. The applicant's declaration of resources will be accepted without verification.

Vehicles will be totally disregarded in determining countable resources.

An adult female will be budgeted with her children and the natural/adoptive father of her children if he is living in the home. Children may be excluded from the MNRL if inclusion of their resources would cause their mother to be ineligible. Children may also be excluded for other reasons, and the reason need not be stated.

If services are requested for a minor who is living with her parents, the resources of the minor's parents will be totally disregarded and each minor will be budgeted only with her children, if any, and the father of the children, if he is living in the home.

3. Citizenship or alien status (Re. MS 3324) The applicant's signature on the application form is sufficient to meet the citizenship requirement, unless citizenship is questionable. Questionable allegations of U.S. citizenship must be verified, as must the immigration status of all aliens.

ADH will refer aliens and applicants whose citizenship is questionable to the DHS office in the applicant's residence county. DHS will determine eligibility for these individuals.

4. Residency (Re. MS 2200) need not be verified unless questionable.



5. Social Security enumeration - Requirements at MS 1390 must be met.
6. Mandatory assignment of rights to medical support - Mandatory assignment of rights to medical support/third party liability (Re. MS 1350) will apply.

5914.1                    Child Support Enforcement Services

A referral to the Office of Child Support Enforcement (OCSE) is not required. A woman is not required to cooperate with OCSE during her eligibility for Family Planning Waiver services only.

5915                    Time Limit on Disposition of Applications

The county office worker will have a maximum of 45 days from the date of application to dispose of the application by one of the following actions: approval, denial, or withdrawal.

5916                    Prior to Authorization of Eligibility

Prior to certification, the county worker will screen applications taken at ADH units. If an application is incomplete, i.e., lacks basic information needed for registration and eligibility determination, signatures, or dates, the county office will return the application to ADH for correction and/or completion with a written request to provide the missing information. The application date will not be amended unless the application is returned for applicant's signature. The application date will be the date it is signed by the applicant.

The county worker will also verify that the case of a woman previously certified in Cat. 61, 65, or 66 has been closed, that she is not an open member in any other case (except QMB, SMB or MN-SD), and that she has requested family planning services only. If the request was made on the DCO-95 or DCO-645, followed up by an office visit, telephone call, signed returned system notice DCO-55 or other written request, the family planning case may be certified. If there is nothing in writing in the case record requesting these services (i.e., no request on DCO-95 or DCO-645), then an application DCO-64 must be completed prior to certification.

5917                    Authorization of Eligibility

When eligibility for new applicants has been established (or when a woman previously certified in Cat. 61, 65 or 66 has requested family planning services only in person, by telephone, or in writing), the county worker will complete Form DCO-56 for a Category 69 approval (Action Reason 105). Completion of Form DCO-56 will include the following requirements:

1. Approval code A or B will be used for certification. If a previous case number exists, it will be used for Cat. 69 eligibility. All eligibles (including U-18s) will be assigned a 101 suffix.
2. The case budget section of the DCO-56 will be completed to reflect the total case countable income. The case "unit size" will include the eligible woman, any of her children in the home if the applicant chooses to include them in the need standard, and the natural/adoptive father of these children if he is living in the home.
3. Member information will be entered only for the eligible woman. She will be entered in open status.

4. The Medicaid Begin Date (Field 114) will be the date following the end of postpartum coverage for Categories 61, 65, or 66, or the date of application for new recipients. The date of application for women seen at ADH will be the date the application DCO-64 was signed at ADH. Retroactive coverage will not be authorized for this category.
5. Indicate approval and date on Form DCO-88 (Control Sheet).
6. Notify applicant of approval by DCO-700 or DCO-55.

#### 5918 Denial and Withdrawal

The county worker will complete the following tasks when denying an application:

1. Record pertinent information in the case narrative.
2. Indicate denial and date on Form DCO-88 (Control Sheet).
3. Complete denial data on Form DCO-64 and submit for data entry on WIMA.
4. Notify applicant by system notice.
5. For withdrawal only, obtain a signed statement from the applicant that she wishes to withdraw her application.
6. If an application which originated at ADH is denied for any reason, notify ADH of the denial by copy of the DCO-700 or memorandum.

The following codes have been added to the list of ACES denial reasons, and are unique to Category 69:

- 67 Individual is sterilized
- 68 Individual is pregnant
- 69 Individual is male

#### 5919 Certification Period

Women certified under the Family Planning Waiver will remain eligible until July, 2002 or for the duration of the demonstration project.

#### 5920 Quality Assurance Reviews

Cases approved under this waiver will not be subject to Second Party Review or Quality Assurance Reviews. Any erroneous payments made during a period of Family Planning Waiver eligibility will not be considered overpayments.

#### 5921 Dual Coverage

An individual may be approved for waiver services and for QMB (or SMB) for simultaneous periods, as family planning services are not covered by Medicare. An individual may also be approved for Family Planning Waiver services and for a spend down for simultaneous periods.

5922                    Changes/Reevaluations

There are no reevaluation or change reporting requirements for this category. Changes in family income and/or resources, whether reported or not, will be disregarded. Address changes will be processed.

5923                    Loss of Eligibility

Loss of eligibility will occur only when the eligible:

- a.     Moves from Arkansas;
- b.     Becomes pregnant, or eligible in another Medicaid category;
- c.     Requests closure; or
- d.     Dies.

Action reason 068 will be used when closing a case because the recipient becomes pregnant.

When the waiver terminates, instructions will be provided regarding the closure of cases.

5924                    Reinstatement of Eligibility

If a case is closed due to pregnancy or other reason, a new application DCO-64 will be required to reopen the case. When reapproving a case for Family Planning services, the case number previously used will be utilized.

**Legal Notices** 1200

nator at (501)682-8920 (Voice) or  
(501)682-8933 (TDD).  
Roy Hart  
Director  
Division of County Operations  
7866456

**NOTICE OF RULE MAKING**

Pursuant to AR Code Ann. 25-15-201 et seq. and AR Code Ann. 20-76-201 et seq., the Director, Division of County Operations, issues policy and procedures regarding the expansion of family planning services to women who are not otherwise eligible for Medicaid.

Copies of the proposed policy and procedures may be obtained by writing the Division of County Operations, P.O. Box 1437 - Slot 1224, Little Rock, Arkansas 72203-1437. All comments must be submitted in writing to the address above no later than thirty days from the date of this publication.

If you need this material in a different format, such as large print, contact our Americans with Disabilities Act Coordinator at 682-8920 (voice) or 682-8933 (TDD).

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages, and delivers services without regard to age, religion, disability, political affiliation, veteran status, sex, race, color, or national origin.

Roy Hart, Director  
Purchase Order Number  
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