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101.03 HOW TO APPLY

This chapter provides guidelines on the process of applying for eligibility determinations for all coverage groups.

101.03.01 APPLICANT

An applicant is someone whose signed application form has been received by the Division of Medicaid (DOM) and is requesting an eligibility determination. An applicant is also someone whose signed application is received by another agency or entity authorized to make Medicaid certifications.

An applicant includes someone who applies for coverage in MS through the Federally Facilitated Marketplace (FFM) and has their electronic application information transferred to DOM via a process referred to as an Account Transfer (AT).

101.03.01A Deceased Applicants

An application for Medicaid may be made on behalf of a deceased individual. The application must be filed before the end of the third month following the date of death in order for DOM to be able to consider the month of death for coverage, using the rules that apply for retroactive Medicaid.

101.03.01B Non-Applicants

This is an individual who is not requesting an eligibility determination for himself or herself but is included in the applicant's household to determine eligibility for the applicant.

101.03.02 DOM APPLICATION FORM(S)

DOM uses two types of application forms to determine eligibility:

- For MAGI-related purposes, the Mississippi Application for Health Benefits is the single streamlined application form used to apply for Medicaid and CHIP. Information from this form is also used to refer individuals to the FFM for health coverage if ineligible for health coverage through DOM.

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DOM APPLICATION FORMS (Continued)

- For ABD purposes, the Application for Mississippi Medicaid Aged, Blind and Disabled Medicaid Programs is used.
- The MAGI-related and ABD applications forms may be a paper version, an electronic version or an exact facsimile of the appropriate form.
- Applications filed for Medicaid coverage through other agencies or entities have their own Medicaid applications, such as SSI or HPE.

The application form is a legal document, completed by the applicant or representative that signifies intent to apply and:

- Is the official agency document used to collect information necessary to determine eligibility;
- Is the applicant's formal declaration of financial and other circumstances at the time of application;
- Is the applicant's certification that all information provided is true and correct;
- Provides notice to the applicant of his rights and responsibilities; and
- May be introduced as evidence in a court of law.

101.03.03 SIGNATURE REQUIREMENTS

An application form must be signed to be considered a valid application. The signature does not have to be an original signature since applications are allowed to be submitted via means other than on an original paper form; however, a valid signature by someone authorized to apply for Medicaid or CHIP is required. Signed and unsigned applications are treated differently, as specified below.

If an applicant is unable to write his/her name, the form may be signed with an "X" mark; however, a witness signature is required. If an applicant is incompetent (adjudged by a court) or incapacitated (due to a physical or mental condition), these conditions require that someone be named to officially represent the applicant, as addressed in "Representatives Authorized to Act for an Applicant."

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SIGNATURE REQUIREMENTS (Continued)

- Unsigned applications and/or applications signed with a mark that are not witnessed must be returned to the applicant with an explanation of the signature requirements. An unsigned application or an “X” marked application that has not been witnessed is not valid.
- Applications that are signed but are incomplete are accepted as valid applications. The Specialist will work with the applicant to complete the information needed.
- Applications that are signed by an individual other than a person who is authorized to apply, as specified in “Who Can File” below, are accepted as valid applications. The Specialist must work with the applicant or head of household to obtain an acceptable signature on the submitted application form.

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101.03.04 REPRESENTATIVES AUTHORIZED TO ACT FOR AN APPLICANT

There are three (3) types of representatives allowed to act in behalf of an applicant or recipient in filing an application for health coverage through DOM:

1. Authorized Representative

An authorized representative is a person or employee of an organization who is acting responsibly for the applicant with his knowledge and written consent. The MAGI-related application form allows the head of household to designate an authorized representative with no separate written authorization required except in cases where the head of household has a legal representative who is required to act on his/her behalf. ABD applications require the use of a separate authorization form (DOM-302A) in order for an applicant or recipient to appoint an authorized representative. The authorized representative has knowledge of the applicant's circumstances and is usually a relative or close friend, but may be a designee of an organization if the applicant or recipient permits. The authorized representative must be authorized in writing by the applicant to act on his behalf. The application is filed in the name of the applicant. The authorized representative can provide eligibility information, and sign the application form and receive all eligibility notices; however, the applicant or recipient has the right to limit the authority of their authorized representative. The appointment of an authorized representative does not prevent the Division of Medicaid from communicating directly with the applicant or recipient as deemed appropriate.

NOTE: In instances where the applicant or recipient designates an authorized representative but places a limit on the receipt of notices by the representative, maintain the authorized representative information in the case record rather than entering the representative information in the system. If representative information is entered into the system, the representative will receive all letters and notices issued by the system.

When an organization or other individual assisted with the completion of an application and their primary need is access to case record information rather than function as a case representative, completion of the "Authorization for the Use/Disclosure of Protected Health Information" form may be more appropriate to allow access to information while the applicant or recipient represents themselves. Contact with the applicant or recipient is needed to make this determination, which must be documented in the case record.

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2. Self-Designated Representative

A self-designated representative is a person acting responsibly for an applicant or recipient because the physical or mental condition of the applicant/recipient is such that he cannot authorize anyone to act for him nor can he act for himself. Family members or non-relatives with knowledge of the applicant's or recipient's circumstances are allowed to self-designate in writing with the use of a form designed for this purpose (DOM-302B). A representative of an organization or a provider cannot self-designate to represent an applicant or recipient, except in cases where the self-designating individual is an owner, operator or employee of a state-owned long term care healthcare facility. All other individuals representing an organization or provider must become legally appointed to represent an individual for health care decisions, in which case the individual becomes the Legal Representative of the applicant or recipient.

A self-designated representative must file an application or review form in the name of the applicant/recipient with the self-designated representative providing required information to determine or re-determine eligibility and sign all eligibility-related forms that are required. The self-designated representative will receive all eligibility notices and letters.

NOTE: A parent or primary caretaker relative is allowed to apply for a child without signing the self-designation form authorizing themselves as a representative.

3. Legal Representative

A legal representative is someone who has been legally appointed to act on behalf of an applicant or representative. The legal representative must provide documentation of their legal authorization to act for the applicant or recipient, such as a Power of Attorney document, legal guardianship decree, conservatorship decree, a custody decree or other type of court order, and complete a Legal Representative form (DOM-302C). All such documents must specify that the legally appointed individual has the right to make health care decisions for the applicant or recipient. If an applicant or recipient is deceased, proof that the individual is the executor or administrator of the applicant's or recipient's estate is required if eligibility is needed in the month of death and/or retroactive period. The legally appointed representative will act in behalf of the applicant or recipient in all matters with the Division of Medicaid without limitation.

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101.03.05 WHO CAN FILE THE APPLICATION

An application can be filed by one of the following individuals, as applicable to the case:

- Adult applicants;
- Certain minor applicants, including;
 - A pregnant minor of any age requesting coverage solely due to pregnancy; or
 - A married minor living with a spouse; or
 - A minor living independently; or
 - A minor living with his/her parents and applying only for the minor's own children.
- The parent who has primary physical custody of a minor child;
- Either parent of a minor child when physical custody is equally divided between legal parents;
- The caretaker relative with whom a dependent child is living who has primary responsibility for the child's care.
 - A caretaker relative is a relative by blood, adoption or marriage with whom the child is living who assumes primary responsibility for the child's care.
 - A dependent child is under the age of 18 and deprived of parental support by reason of death, absence from the home or physical or mental incapacity.
- An authorized representative designated in writing by the applicant on the MAGI application or on DOM-302A, Authorized Representative Form, for ABD;
- A self-designated representative who signs the appropriate DOM-302B, Self-Designated Representative Form, allowing self-designation.
- A legal representative with the authority to make healthcare decisions for the applicant who has completed Form 302C, Legal Representative Form;

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WHO CAN FILE THE APPLICATION (Continued)

An application signed by anyone other than a person described above will be accepted, but a signature of a person authorized to apply must be obtained during the application process.

101.03.06 ACCESS AND ACCOMMODATION IN APPLYING

Access to a regional office or out-stationed site should not be a barrier for individuals wishing to apply in person or request assistance with the application process. Each office where Medicaid Specialists are located must be accessible for handicapped persons. If a site is not accessible, make alternate accommodations, including assistance with an alternative method of filing the application.

Each application intake site and each telephone application is required to accommodate:

- Individuals with limited English proficiency, i.e., individuals who are unable to communicate effectively in any language other than his native language. When interpreter services are needed, use the Language Line to secure the assistance of an interpreter capable of communicating in the applicant's language to assist in the application process and relate the services offered. This service is available free of charge and is available to applicants and those inquiring about coverage or services offered through DOM. It is not permissible to require an applicant to provide his/her own interpreter or rely on an accompanying adult or minor child of the applicant to provide interpreter services unless it is an emergency situation involving imminent threat of safety or welfare of the applicant or recipient or person inquiring and no qualified interpreter is available. However, if the applicant, recipient or individual inquiring about Medicaid requests an accompanying adult to interpret and the adult agrees and reliance on the adult is appropriate to the circumstances, DOM may allow the adult to provide interpreter services.
- Blind applicants by reading forms in their entirety, assist in completion of the forms, explain various program requirements and services offered through the agency and answer any questions the applicant may ask.

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ACCESS AND ACCOMMODATION IN APPLYING (Continued)

- Deaf applicants by securing a person proficient in sign language when needed or communicate in writing to relate an explanation of program requirements and services offered through the agency and to answer questions.
- Individuals who cannot read and/or write by reading forms in their entirety, assist in completion of the forms, explain various program requirements and services offered through the agency and answer any questions the applicant may ask.

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101.03.07 **REASONABLE EFFORTS TO ASSIST**

The Regional and Central Office of DOM is expected to:

- Provide orderly surroundings to persons who come to the office;
- Provide courteous service to all persons who come to or contact the office;
- Provide the appropriate application form to anyone who requests one;
- Allow any individual the right to apply for any benefits, regardless of circumstances. This includes allowing a clearly ineligible individual to apply;
- Communicate in a clear and courteous manner information regarding programs and services offered through DOM;
- Determine as soon as possible if the person asking for help is seeking a type of assistance which the agency offers. If the individual is not requesting a type of assistance offered by the regional office, he should be referred to another community agency or resource to meet his needs, if one is available.

In addition, it is required that Medicaid Specialists make reasonable efforts to assist all applicants in order to have the applicant's eligibility determined and/or re-determined. Assistance includes, but is not limited to, the following:

- Help with forms completion;
- Help with securing a representative, if needed;
- Help in obtaining necessary information from third parties; and
- Providing information that will assist the applicant in making informed decisions about Medicaid eligibility. Medicaid program policies are public information. Each applicant has a right to know the policies that will impact his eligibility.

MAGI and/or ABD applicants who ask for assistance or are not capable of handling the application process and have no available family member or friend capable of assisting or have representatives who do not act responsibly for a MAGI or ABD applicant require special handling. Otherwise, the application will result in multiple denials that must be avoided if agency intervention is needed to resolve a failure to comply with application or renewal processing. Action needed is as follows:

- If the application is for long term care in a nursing facility, the Specialist assigned to the nursing facility should contact the facility to let appropriate staff know that the application cannot proceed because the representative is not cooperating or the applicant is not capable.

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REASONABLE EFFORTS TO ASSIST (Continued)

If the facility is a state-owned or operated facility, the administrator or his/her designee can act as a self-designated representative if there is no available family member that can become the representative. For privately owned facilities, the administrator has the right to become the legal representative to act for the applicant unless another family member is available. If the administrator is willing to become the legal representative, pend the case until the legal authority can be obtained. If the applicant already has a court-appointed legal representative, the nursing facility (or other available family member) has the right to approach the court to have a non-cooperating legal representative removed and replaced with someone willing to act responsibly.

- If the application or review is for an at-home ABD or MAGI-related case, the Specialist must speak with the applicant to determine if there is a family member or close friend or neighbor that would be willing to assist the individual in becoming an authorized representative in order to secure any needed verifications.
- If an applicant (MAGI or ABD, at home or in long term care) already has a legal representative appointed as Power of Attorney but the individual is not cooperating in the application process, the Specialist should discuss this matter with other available family members who may be willing to secure Power of Attorney. The most recently appointed Power of Attorney with the right to make healthcare decisions for the applicant will be the one with the authority to act for the applicant.
- If any of the above situations does not address or remedy a situation where an applicant/recipient is incapable or unable to provide needed information and there is either no representative or there is an irresponsible representative who is not acting in the applicant's best interest, the Specialist must discuss the situation with their supervisor who should seek assistance from their central office contact.