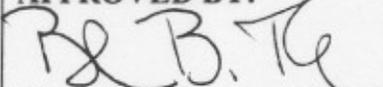


Colorado Department of Health Care Policy and Financing 1570 Grant St., Denver, CO 80203-1818	NUMBER: HCPF 06-026
	CROSS REFERENCE:
DIVISION OR OFFICE: Medical Assistance Office	DATE: May 30, 2006
SUBJECT AREA: Medicaid Assistance	
SUBJECT: Medicaid Clarifications for Foster Care and Subsidized Adoption Assistance	APPROVED BY:  Barbara B. Prehmus, M.P.H.
TYPE: P-Procedural	

*HCPF Agency Letters can be accessed online at:
www.chcpf.state.co.us >>Reference Material >>Agency Letters*

Purpose:

The purpose of this agency letter is to clarify the subsidized adoption rule changes, to define the roles of Health Care Policy and Financing (HCPF) personnel, and to clarify Medicaid eligibility process and procedures for foster care and subsidized adoption clients.

Background:

The State provides health care benefits for foster care and subsidized adopted children under the Medicaid program. HCPF Customer Service has received an increase in calls regarding perceived Medicaid issues for foster care and subsidized adoption clients. Several of the concerns are a result of Trails impact on the foster care and subsidized adoption clients' Medicaid eligibility. HCPF has limited access to Trails, the Child Welfare system, and cannot resolve many of the issues that the caller may have.

Procedure or Information:

1. Modifications to the Needy Persons Under 21 rule (8.101.2)

The rule regarding Needy Persons Under 21 was modified to include benefits for subsidized adopted children. The rule specifically defines a child in the state's subsidized adoption program and these children are provided Medicaid benefits.

2. Adjusting CBMS and Trails med spans between technician and caseworker

In some counties, the eligibility technician for the foster care/subsidized adoption is NOT the same person as the Family Medicaid case worker. The individuals must notify each other immediately when Medicaid must be closed or opened in CBMS or Trails for the client's Medicaid benefits. Having overlapping CBMS and Trails spans will not cause MMIS, the

State's medical billing application, to deny any Medicaid claims for a client. The Trails' span will always overlay any med spans generated by CBMS.

Best practice is to ensure that the Trails Eligibility Determination screen Entitlement List contains the word "Medicaid" and that the start of a med span in Trails coincides with the date the county takes custody or the placement date.

3. Request for Medicaid Cards

The Department does not have access to request Medicaid Cards for a Trails client, nor do we track card issuances. It is up to the case worker to ensure that the Medicaid card follows the foster or adoptive child. The case worker can request a new card through Trails by clicking on the "MID Card" button on the Entitlements window.

4. Processing time between Trails and MMIS

When a new Medicaid span is created or revised in Trails, it takes up to 72 hours for that span to be sent to MMIS. During this processing time, a client will not be recognized as eligible for Medicaid benefits through the Web Portal, CMERS, Fax-back or any of the State approved eligibility verification vendors.

5. Medicaid clients moving out-of-state or into Colorado from another state

The Department does not process Medicaid clients who are moving to another state from Colorado or those clients who move to Colorado from another state.

Please refer inquiries of this type to:

Sharen Ford 303-866-3197 or sharen.ford@state.co.us – for the adopted child moving across state lines (Interstate Compact on Adoption and Medical Assistance – ICAMA)

Chantal Smith 303-866-2998 or chantal.smith@state.co.us – for the foster care child moving across state lines (Interstate Compact on the Placement of Children or ICPC)

6. Authorized individual must be listed on the case

Due to HIPAA regulations, HCPF staff can only speak to an individual whose name appears on the Trails "Services Authorized" screen. Please ensure that ALL authorized individuals related to the case are displayed, including adoptive parents, foster parents, or ICAMA parents, as appropriate.

7. Updating Trails information

Foster care or adopted children may have serious mental health or other health issues needing coverage by Medicaid to ensure the proper care of their medical condition. It is critical that Trails reflects the most up-to-date information so that HCPF personnel can readily assist the foster care parents or adoptive parents.

8. Adding a foster care child's newborn baby to Trails or to CBMS

If a foster care child has a baby, the newborn baby must be added into Trails or CBMS to receive Medicaid benefits. No application is required for the newborn to be added. If the baby is declared a foster care child, the baby will be added into Trails. If the baby is not a foster care child and resides in the home with his/her mother, the baby will be added into CBMS.

When adding the baby to CBMS the foster care mother will need to be added to CBMS first to establish her pregnancy eligibility then the baby may be added to the foster care mother's case. Once the baby's needy newborn eligibility is authorized in CBMS the foster care mother's eligibility should be ended in CBMS because her Medicaid eligibility is maintained in Trails.

9. HCPF's Customer Service role inquiries

HCPF's Customer Service has "Read Only" access to Trails and may be able to assist an authorized individual with certain issues. Other problems must be addressed by the county case worker.

10. BHO (Behavioral Health Organization) requirements (formerly MHASA)

Many children are showing up as having Medicaid under a different county from where they reside because foster care clients are enrolled in a BHO based on the client's county of custody. The BHO benefits are set up under the county of residence. A billing error or denial for treatment occurs when the county of residence is NOT the county where Medicaid was opened. Trails sends the county of custody to CBMS and MMIS. The BHOs have established processes for tracking the child regardless of the county of residence. Foster care clients (or their foster parents) should contact the BHO in the county of custody for the coordination of mental health services. Please refer foster parents to the BHOs (see phone numbers below). If foster care clients continue to have difficulty accessing mental health services from the BHOs, contact the ombudsmen for Medicaid managed care at 303-830-3560 (within Denver metro area) or 1-877-435-7123 (outside metro Denver).

11. Prescription Issues

If a client is not able to have his/her prescriptions filled because the Medicaid eligibility verification system shows him/her as ineligible, verify that the 72 hours processing time has passed based on the date the case was authorized. If the processing time has not passed, inform client that his/her Medicaid eligibility will become effective within the processing time frame. If the processing time has passed, call HCPF Customer Service.

12. Locating a Provider

Please refer the foster parent or adoptive parent to HCPF Customer Service to locate Medicaid fee for service providers or specialists in their area; or direct them to CHCPF web site (<http://www.chcpf.state.co.us/HCPF/Providers/ProviderIndex.html>).

13. Disenrollment or Removal of Foster Care Child from a Provider

County case workers may dis-enroll or remove a foster care child from enrollment with a provider by contacting Health Colorado at 303-839-2120 or 1-888-367-6557.

Effective Date:

Effective Immediately

Contact Persons:

HCPF Customer Service 1-800-221-3943 (outside of metro Denver) or 303-866-3513 (within metro Denver).

Family and Children Medicaid Specialists

Ann Clemens, 303-866-6115, ann.clemens@state.co.us