

DMA ADMINISTRATIVE LETTER NO. 09-01, Children with Special Health Care Needs

DATE: OCTOBER 24, 2000

SUBJECT: Children with Special Health Care Needs

DISTRIBUTION: County Directors of Social Services
NC Health Choice/Medicaid Supervisors
NC Health Choice/Medicaid Eligibility Staff
Work First Supervisors and Eligibility Staff

I. BACKGROUND

There are two aspects to identification of children with special health care needs.

A. Identification of Children with Special Health Care Needs who are Enrolled in Medicaid and NC Health Choice

Federal reporting requires that the State report information on children with special health care needs for the managed care waiver. A questionnaire, DMA 5069, has been developed to capture the necessary information. The DMA-5069 will be added at a later date to the application and re-enrollment forms in the Family and Children's program. The DMA-5069 is not an eligibility requirement in determining eligibility for Medicaid, NC Health Choice, and Work First.

This letter provides interim procedures for identifying children with special health care needs. EIS allows workers to enter Special Use code, SN. The Special Use code is a joint indicator for reporting requirements for Work First, Medicaid and NC Health Choice.

B. Waiving the two-month Waiting Period for NC Health Choice Enrollment

The General Assembly passed a law that waives the two-month waiting period for NC Health Choice for Children for some children with special health care needs identified through the DMA 5069, who are covered by comprehensive health insurance. For the waiting period to be waived a

doctor must state on a DMA-5068 that the child has at least one of the following conditions:

- Birth defect, including genetic, congenital or acquired disorders
- Developmental disability
- Mental or behavioral disorder
- Chronic and complex illness

These conditions are expected to continue at least 12 months, interfere with the child's daily routine and require extensive medical intervention and family management. Form DMA-5068 has been developed for the doctor to sign and for the parent to document insurance has stopped or will stop.

The waiting period still applies to all children whose families voluntarily discontinue health insurance coverage when a doctor has not stated the child has one of these conditions.

The provisions of the law are applicable to applications taken on or after November 1, 2000 and to re-enrollments mailed or scheduled on or after November 1, 2000.

II. PROCEDURES FOR IDENTIFYING CHILDREN WITH SPECIAL HEALTH CARE NEEDS FOR MEDICAID AND NC HEALTH CHOICE

A. Applications

For every Family and Children's Medicaid, Work First and Health Choice application complete the DMA-5069 *Special Health Care Needs Questionnaire* ([Attachment 1](#)).

- Ensure that the DMA-5069 is completed when the application is made in the office.
 - If clients call requesting an application attach the DMA-5069 to the application before mailing it. For applications located at health departments or other outstations, send the DMA-5069 to these agencies and ask them to make copies and to attach to each application before distributing to clients. Also do this for any applications placed at the reception desk or other areas of the county dss.
1. Interim Procedures until the DMA-5069 is added to the application form.
 - a. Mail the DMA-5069 to all applicants who have applied by mail or at health departments for the Medicaid and NC Health Choice programs and the date of application is November 1, 2000 or later.

One side of the DMA-5069 is a letter to the parent/guardian, briefly explaining the DMA-5069. Address the letter to the applicant and include worker's name and telephone number. Give a 10 calendar day deadline for its return.

(1) If the DMA-5069 is not returned by the deadline the worker processes the application following all eligibility requirements. Do not hold the application waiting for the DMA-5069.

(2) If the client returns the DMA-5069 see 2. below.

b. The DMA-5069 is not an eligibility requirement in determining eligibility for Medicaid, NC Health Choice and Work First.

c. Always file the DMA-5069 in the record.

2. If the DMA-5069 is returned and the caretaker responds yes to both questions in at least one of the boxes (for example question 1 and 1a answered yes) the child has special health care needs.

If the DMA-5069 is returned and both questions in a box (for example 1 and 1a) are checked yes, and there is no child's name listed, call the client to get the name of the child. If you are unable to reach the client by phone, mail the form to him asking him to write in the name of the child and return it to you as soon as possible.

3. Do not attempt to contact the client if only one question in a box is answered yes and the other is blank, or if the parent did not sign the form. No action is required in EIS.

4. If the DMA-5069 shows a child has special health care needs, enter EIS Special Use code SN in the individual section of the DSS-8125 to indicate special health care needs for that child.

a. Enter a From Date which is the first day of the month in which the DMA-5069 was received. The format for the date is mmddyy.

b. Enter a Thru Date which is the last day of the certification period or payment review period for Work First. The format for the date is mmddyy.

Example: Certification period is 10/01/2000 through 09/30/2001 and the DMA-5069 is returned on 11/03/2000. The entry should be:
SN 110100093001.

B. Re-Enrollments (Interim procedures until the DMA-5069 is added to re-enrollment forms)

1. Send the DMA-5069 and a return addressed envelope to all mail-in re-enrollments for MAF, MIC, NC Health Choice and Work First once the re-enrollments are received. Allow at least 10 calendar days for the return of the DMA-5069.

For those redeterminations conducted in the office, complete the DMA-5069 during the interview.

2. If the DMA-5069 is not returned by the deadline, process the re-enrollment following applicable eligibility requirements. The DMA-5069 is not an eligibility requirement.
3. If the DMA-5069 is returned and is complete, process the re-enrollment following applicable eligibility requirements.
 - a. If the DMA-5069 is returned and the caretaker responds yes to both questions in one of the boxes (for example question 1 and 1a answered yes) the child has special health care needs.
 - b. If the DMA-5069 is returned and both questions in a box (for example 1 and 1a) are checked yes, and there is no name listed, call the client to get the name of the child. If you are unable to reach the client by phone, mail the DMA-5069 to him asking him to write the name of the child and return to you as soon as possible.
 - c. Do not attempt to contact the client if only one question is answered yes and the other is blank, or if the parent did not sign the DMA-5069. No action is required in EIS.
 - d. File the DMA-5069 in the record.
4. Refer to II.A.4. on how to enter the Special Use code, SN.

III. WAIVING THE WAITING PERIOD FOR NC HEALTH CHOICE CHILDREN WITH SPECIAL HEALTH CARE NEEDS WHO HAVE HEALTH INSURANCE

A. Identifying NC Health Choice Cases with a Waiting Period

When the DMA-5069 is returned determine if a waiting period applies for a child covered by comprehensive health insurance who has special health care needs and appears eligible for NC Health Choice. If the child has been

insured within the past two months a waiting period may apply. Refer to MA-3225 for exceptions to the waiting period.

1. If the family has no medical insurance or the insurance was discontinued more than two months ago, file the DMA-5069 in the case record. Refer to II.A.4. on how to enter the Special Use code SN.
2. If a waiting period applies or a child still has comprehensive insurance in effect, send the Verification of Special Health Care Needs, DMA-5068, ([attachment 3](#)) along with the letter of explanation ([attachment 2](#)) to the family for each child indicated on the DMA-5069 to have special health care needs. A copy should be retained in the record to indicate it was sent.

B. Disposition of Applications

Give the family at least ten calendar days to return the DMA-5068 with the physician's signature, and the parent's statement that insurance is terminated. If ten calendar days exceed the 45 day processing period, pend until the first workday after the due date for the form.

1. If the DMA-5068 is not returned deny the application because the child has health insurance. If the client has indicated that the insurance has terminated and if the child is otherwise eligible, approve the application effective the month following the two-month waiting period.
2. Approve the NC Health Choice application if the DMA-5068 is returned with the doctor's signature verifying one or more of the listed conditions and the parent's statement that insurance coverage is terminated or is in the process of termination. Do not apply a waiting period.

Approve NC Health Choice the first of the month following the last day of health insurance coverage. The Certification From Date must be the same as the Medicaid Effective Date. Advise clients that health insurance coverage must end on the last day of the month or the child may be without any coverage for a certain period of time. If you later learn that insurance has not terminated, terminate NC Health Choice allowing timely notice.

- a. If the insurance ends the month the 45th day falls, approve the application the first of the month following the last day of health insurance coverage. If the DMA-5068 is returned prior to the effective date, use the month NC Health Choice is effective as the month special needs begins.

- b. If the insurance doesn't terminate until the month after the 45th day, deny the application. Advise the family to reapply.

C. NC Health Choice Re-enrollments

For NC Health Choice re-enrollments, if the DMA-5069 is returned indicating a child has special health care needs, do not send the DMA-5068 unless there is a question that the child now has health insurance or that the family may have dropped insurance. Since this should be rare, the DMA-5068 is not required. If the family requests assistance for a child not previously in the case and the DMA-5069 indicates child has special health care needs, send the family the DMA-5068.

Refer to II.A.4. on how to enter the Special Use code, SN.

Please make copies of these forms to use until supplies can be ordered. Send forms to the health departments or other outreach locations to be attached to applications they have in supply.

If you have any questions, please contact your Medicaid Program Representative.

Paul R. Perruzzi
Director

[This material was researched and written by Dora Boissy, Policy Consultant, Medicaid Eligibility Unit.]