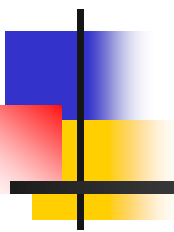


# Pinellas County Health Program (PCHP) Eligibility Training

A decorative graphic on the left side of the slide consists of a vertical black line intersecting a horizontal black line. The intersection is surrounded by overlapping colored squares: blue, red, and yellow.

**Lisa Freeman, Medical Home Team Leader**  
**Judi Anderson, Customer Service and Medical Home Team Leader**  
**Geni Trauscht, PCHP Contract Manager/Team Leader**

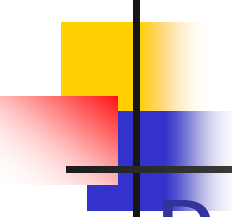
**<http://pinellascounty.org/humanservices/default.htm>**



# PCHP Goals

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- **Improve access to primary care, specialty care and behavioral health services**
- **Reduce unnecessary use of hospital inpatient and emergency room services**
- **Improve client's health status so they can become self-sufficient**



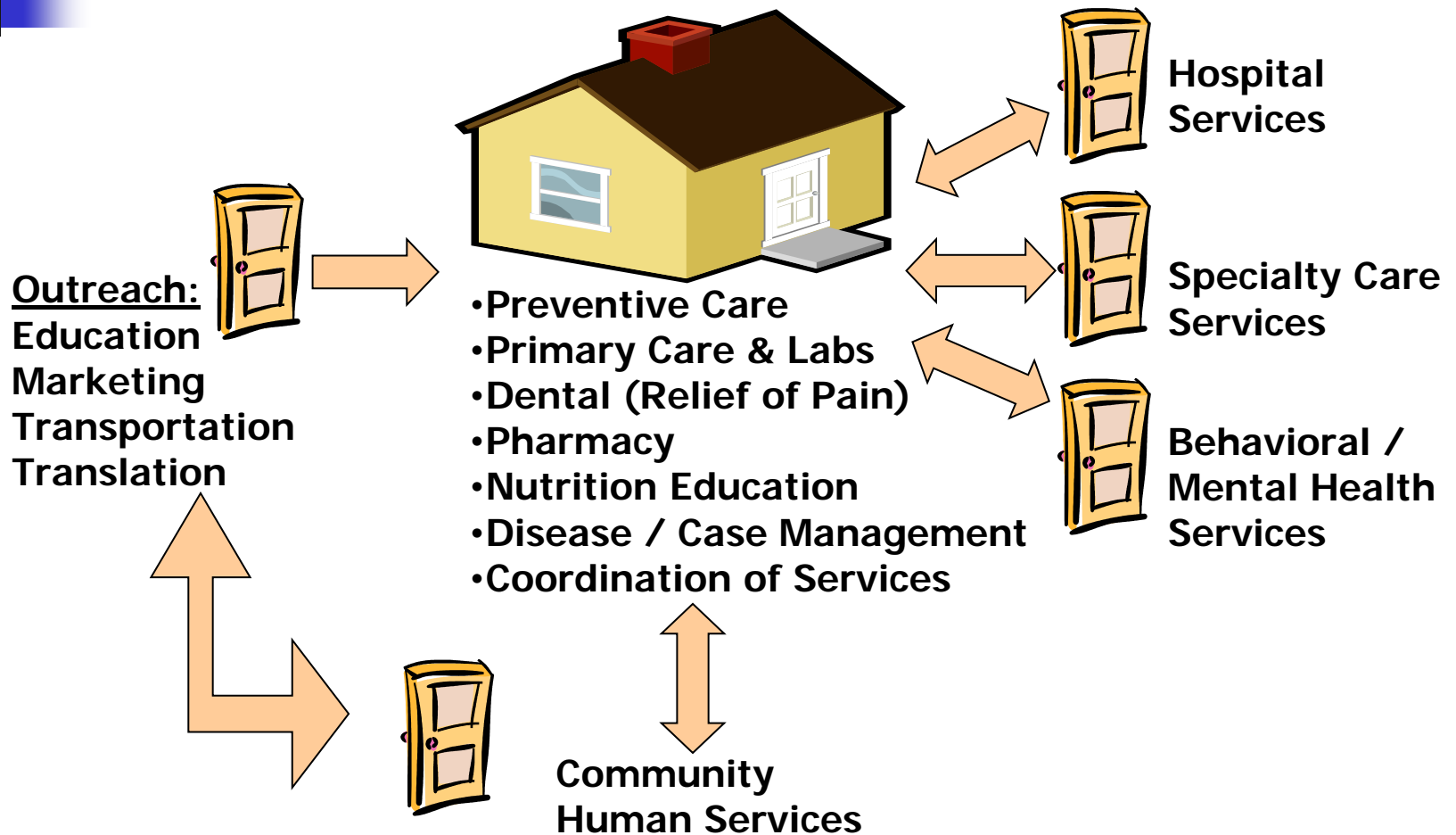
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People without medical insurance often find themselves without anywhere to go for health care

WE CAN HELP



# Medical Home Model





# PCHP Medical Homes Overview

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- 13 Participating Medical Homes in Federally Qualified Health Center (FQHC), Health Department, and Private Subcontractor sites
- Homeless services through federally funded Mobile Van
- Medical Homes coordinate referrals for behavioral health, nutrition, disease case management , specialty, transportation and pharmacy services.
- **Clients are not charged a co-pay for services**



# Plan Eligibility

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- **Pinellas County Resident**
- **Between the ages of 18 and 64, inclusive (once 65, NOT eligible)**
- **Uninsured and not eligible for other public assistance programs**
- **Meet Federal income guidelines (100% FPL)**
- **Be a U.S. citizen or legal non-sponsored resident alien**
- **Resident alien with 40 Social Security work credits (or spouse's work credits)**
- **Must be homeless for Mobile Medical Unit**
- **Full-time college/university/vocational students ( $\geq 9$  credit hours or as defined by the school) are not eligible if health insurance is available from the school**



# Eligibility Determination

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- Eligibility determination for PCHP is performed by medical home staff
- PCHP contracts with CHCP and PinCHD to provide these services
- Eligibility is good for one year (in most cases), but eligibility staff should ask about address, phone number, income and other coverage at every visit



# Eligibility Process

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- Eligibility specialists may want to screen new clients for potential eligibility before conducting a full eligibility determination
- If client seems potentially eligible, he/she should be given the PCHP application
- Eligibility specialist should assist the client in completing the application, if needed.
- Eligibility specialist should review the completed application with the client and determine whether or not the client is eligible



# Eligibility Criteria

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- The following criteria are assessed to determine eligibility:
  - Identity
  - Residency
  - Age
  - Citizenship
  - No Alternative Coverage
  - Income less than 100% FPL
  - **Full-time college/university/vocational students ( $\geq 9$  credit hours or as defined by the school) are not eligible if health insurance is offered by the school (New Policy)**



# HHS Financial Assistance

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- Persons receiving financial assistance from HHS have already met identity, residency, age, citizenship, and income criteria
- If client arrives at Medical Home with Pinellas County Financial Assistance **ES7 – Information and Referral Form**, he/she must provide a Social Security Card which matches name on ES7
- The ES7 is valid for 30 days from date on form
- Applicant must meet criteria for no alternative coverage/programs/lawsuits and must not be a full-time university/college/vocational student who has access to health insurance through the school before being enrolled in the PCHP



# Proof of Identity

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- Social Security Card or print-out from SSA verifying Social Security number is **Required**
- If the applicant does not have a Social Security Card, he/she must be referred to SSA to apply for a card before enrollment in PCHP
- Print-out from SSA verifying Social Security number may be used to enroll applicants in the Pinellas County Health Plan
- Once the client receives SS card from SSA, he/she should present the card to the medical home so it can be copied for the file



# Residency- Section I.

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- Eligibility limited to Pinellas County residents
- Residents must live and make their home in Pinellas County and intend to continue to reside in Pinellas County
- There is no minimum time requirement for living in the County to qualify as a resident.



# Residency

(Section I. of PCHP Application)

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- Tourists, transients, and students from out of the county are not considered residents.
- Homelessness does not disqualify an applicant from being considered as a Pinellas County resident.
- A Post Office Box is not acceptable proof of residency.
- Persons currently under the custody of the Department of Corrections living at 5201 Ulmerton Road, Clearwater, FL 33760 are not considered residents



# Residency Verification

Any One of the Following

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**Copy must be included in the client file. Note: The document presented does NOT need to match the address that the client writes on the application. (New Policy)**

- Pinellas County Financial Assistance ES7 – Information and Referral Form (valid for thirty days from date of issue)
- Current Florida Drivers License or Florida ID Card
- Mortgage, lease, rent receipt or letter from a landlord
- Proof of home ownership- tax bill
- Homestead exemption documentation



# Residency Verification

## Any One of the Following

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- Vehicle registration/ boat registration
- Water, electric, or other utility bill
- Pinellas County voter identification card
- Proof of children enrolled in Pinellas County schools
- Government agency mailing
- Forwarded mail with USPS forwarding sticker indicating the new Pinellas County address
- Declaration of domicile recorded with Clerk of Court in Pinellas County
- Professional license with home address in Pinellas County



# Residency Verification

## Any One of the Following

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- Law enforcement document or letter on law enforcement letterhead (e.g. Department of Corrections)
- Print out from official judicial or law enforcement web site such as Clerk of Court or Sheriff's Department
- Bank or other financial document indicating home address in Pinellas County
- Employment Record, including pay stubs and W-2 forms, indicating a home address in Pinellas County
- Statement from another social service agency specifying residency, including the Mobile Medical Unit for homeless clients



# Age (Section I. of PCHP Application)

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- Applicants must be between the ages of 18 and 64, inclusive
- People 65 years old and older are NOT eligible for the PCHP
- Client must have one of the following to verify age:
  - Pinellas County Financial Assistance ES7 – Information and Referral Form (valid for thirty days from date of issue)
  - Drivers license or state ID Card (does not need to be current)
  - Birth Certificate
  - Other government issued identification card with birth date
  - Emancipated status must be documented if under age 18 and not a dependent of an eligible applicant; acceptable forms of documentation of emancipation include marriage license, divorce decree, or court order. (New Policy)



# Citizenship- Section I.

## Must be one of the following:

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- **Citizen by Birth**
  - Born in the United States, or the territories of the United States (Puerto Rico, U.S. Virgin Islands, American Samoa, Northern Marianna Islands, Swains Island, or Guam)
  - or born abroad to United States Citizens
- **Naturalized Citizen**
  - Need Certificate of Naturalization or US passport
- **(Non-Sponsored) Legal Permanent Resident Alien**
  - If there is not proof of release of sponsorship or 40 work credits refer to PCHP Case Manager for determination using the **MH-6 Case Manager Eligibility Referral form**. Do not enroll until the form is returned to you
  - Sponsored Aliens are not eligible for PCHP
- **Refugees or Asylum Seekers**
  - Refer to PCHP Case Manager for determination using the **MH-6 Case Manager Eligibility Referral form**. Do not enroll until the form is returned to you
- **Undocumented Aliens are NOT Eligible for the PCHP**



# Citizenship – Verification

(Section 1. of PCHP Application)

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- Pinellas County Financial Assistance ES7 – Information and Referral Form (valid for thirty days from date of issue)
- Applicants who were born in the United States or its territories are not required to complete the Self-Declaration of United States Birth and Citizenship form. Client statement is acceptable.
- Birth Certificate or valid U.S. passport for U.S. Citizens born outside of the United States
- Valid U.S. passport or Certificate of Naturalization for Naturalized Citizens
- Form I-94 for refugees and asylees
- Current I-551 for legal permanent resident aliens
  
- Eligibility staff should make sure that refugees, asylees, and legal permanent resident aliens have the proper paperwork before filling out the **MH-6 Case Manager Eligibility Referral Form** and referring to case manager. **Do not enroll the client in PCHP until this form is returned to you.**



# Alternative Coverage- Section II.

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- PCHP is a payor of last resort
- The applicant must not currently have or be eligible for any other health coverage, including the following:
  - Private Medical, Hospital, HMO / PPO insurance
  - Medicare (even if Part B was not purchased)
  - Medicaid (including Medicaid sanctioned cases).
  - Veterans Health Administration
- Specific conditions covered by other programs must be treated under their authority, including: Workers Compensation, public health units (family planning, STDs, TB, etc.), liability insurance or lawsuits for incidents such as automobile accidents, or injuries while participating in activities at residential treatment centers, etc.



# Alternative Coverage - Verification

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- Private Insurance – Client statement
  - Check paystub for deduction
- Medicare – Client statement
  - Clients 65 years and older are not eligible for PCHP
  - Clients pending SSI/SSDI should be referred to Case Manager after enrollment so that they can monitor their status and make appropriate referrals
- Medicaid
  - Eligibility staff must check Medicaid database for coverage



# Alternative Coverage- Veterans Health Administration (VHA)

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- If the applicant checks yes on the PCHP Application for prior military service, ask the applicant if he/she receives coverage through VHA
  - **If yes**, the applicant is not eligible.
  - **If no**,
    - Ask the applicant if he/she served prior to 9/7/1980. If applicant served prior to 9/7/80, eligible if honorably discharged. Refer to VA
    - If served after 9/7/1980, call Veteran's Administration Eligibility Office at 398-6661, ext 5684, 4679, 4165, or 7639 to verify eligibility
    - If unable to verify through phone call, client must provide written documentation from VA



# Medicaid/ Medically Needy Share of Cost (MNSOC)

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- All applicants with dependent blood related or adopted minors must be referred to DCF
- **Applicants with dependent blood related or adopted minors are not eligible for PCHP** unless they provide documentation that they are not eligible for Medicaid and are enrolled in Medically Needy Share of Cost (MNSOC).
- **Those receiving SSDI within our income limits are not eligible for PCHP**, unless they provide documentation that they are not eligible for Medicaid and are enrolled in Medically Needy Share of Cost (MNSOC).
- MNSOC clients, that meet all other PCHP eligibility criteria, may receive primary care **only** and some limited “auto approved” specialty care .



# Reason for Visit- Section II.

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- Eligibility staff must look at the check box to see if the reason for the visit is because of an accident or injury
- If the reason for visit is an accident, injury or work-related injury, refer to case manager using the **MH-6 Case Manager Eligibility Referral form** to explore possible alternative coverage. Case manager will complete the MH-6 and give to the eligibility staff to communicate decision on alternative coverage to eligibility specialist so he/she may complete the eligibility determination. Do not enroll the client in PCHP until this form is returned to you.
- Clients receiving workers compensation or who have a pending lawsuit may be enrolled in PCHP but HHS will not pay for treatment covered by workers compensation or the lawsuit (check for notes in client file)



# Household Members- Section III.

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- Assistance group is defined as the applicant and the following household members:
  - Legal spouse
  - Dependent natural children, stepchildren, and blood relatives under 18 years of age for whom the applicant has legal guardianship or custody.
  - Unrelated minor children for whom the applicant has legal guardianship or custody
  - If not married, partner and partner's children under age 18, if children in common



## Household Members- Section III.

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- If there are blood related or adopted children (not step children) listed in section III., refer to DCF
- Complete last column, place check mark for household members who are included in the assistance group



# Income –Section III

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- Income of applicant, applicant's spouse and applicant's partner (if the partner and the applicant live together and have a child in common) and children are used to calculate income
- All money received must be used to calculate income (including money listed on a support statement if it is ongoing)
- All income verification documents should be copied and retained with client record for auditing purposes
- A signed PCHP Support Statement is required for all applicants who are receiving assistance from another person or agency.



# Income- Changes to Income

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- No deduction for court ordered payments (such as child support) which are garnished from someone's pay
- Public Assistance (TANF and SSI) counted as income
- Net Income: Gross Income (regardless of earned or unearned) minus 15% standard deduction (New Policy)



## Income Section III.

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- If client is employed, need paystubs from previous 4 week period
  - Eligibility staff must use paystubs to complete income calculation section
- If client is self employed, need income from previous three months
  - Use Self-Employment/ Student Worksheet Worksheet to calculate
- Educational Assistance (including financial aid and student loans for the current enrollment period)
  - Use Self-Employment/ Student Worksheet Worksheet to calculate



# Income Scenarios

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- Self Employed
- Receiving Financial Assistance/Pending SSI
- Income/Child Support/MNSOC
- Naturalized Citizen/Income/Support Statement/Lawsuit
- Student Income/Support Statement



# Applicant Declaration & Behavior Contract—Section IV and Client Handbook

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- Eligibility Staff must explain the Behavior Contract and the Applicant Declaration to the client
- Client must print, sign and date the Behavior Contract and the Applicant Declaration



# Eligibility Staff Checklist

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- Tool for Eligibility staff to double check that all eligibility criteria have been met  
(longer version is not longer a part of the application, available as a guide)
- If client is eligible, eligibility staff must have the client sign the behavior contract (keep a copy for audit purposes in the chart) give the Client Handbook and blue PCHP card
- Eligibility staff must print name, sign, date completed application
- Staff who verify that application is correct must also print name, sign, date the completed application



# Additional Case Notes

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- New section added to document information about the Case Manager Referral Form, document information from phone calls, or any other important information related to the client's application



# Faxing Completed Application

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- Eligibility staff must complete “Office Use Only” box on p. 1 before faxing page to PCHHS
- Client label may be used, when available
  - Staff must still complete medical home contact information, enrollment type, where eligibility was completed, assigned medical home, and eligibility period- even if label is used
- If incomplete, or illegible, application will be returned to medical home



# New Forms

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MH-6 Case Manager Referral Form--  
required when additional information or  
documentation on alternative coverage or  
citizenship is still needed **after** all other  
factors of eligibility have been met

- Refugee or asylee (Citizenship)
- Legal permanent resident alien (Citizenship)
- Workers compensation (Alternative Coverage)
- Accident, injury or work related injury (Alternative Coverage)
- Pending lawsuit (Alternative Coverage)
- Coverage from Vocational Rehabilitation (Alternative Coverage)



# New Forms

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MH-7—Client Change Form—required when there is a change in client circumstance

- 30 day enrollment extension
- Change in client address or phone number
- Disenrollment from PCHP
- Transferring to another medical home

Can originate from the medical home or PCHHS office



# New Forms

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## ES-11—Verification of Employment/Loss of Income—required when

- Client has just started a job and does not have proof of income
- Client has just lost a job
- Client misplaced their last 4 weeks of paystubs



# Cancelling Eligibility

Eligibility will be **cancelled immediately** under the following circumstances:

- Clients who qualify for other programs that provide medical coverage (e.g. Medicaid),
- Clients who no longer reside in Pinellas County,
- Client who violate program behavior policy, **or**
- Clients who have committed fraud.
- Client who refuses to sign and ES-9
- Client who has not reimbursed HHS after signing an ES9

Eligibility will be **cancelled at the end of the current month** under the following circumstances:

- If a client receives income during the enrollment period that places the client over the income criteria (including changes in assistance group's income), or
- If a client is deemed ineligible at the end of an audit process.



# Eligibility Questions

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- If you have an eligibility question:
  1. Ask your immediate supervisor
  2. Ask your medical home case manager
  3. Ask the appropriate PCHHS team leader



# Team Leader Contacts

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- Lisa Freeman (Team Leader)
  - (727) 464-8427
  
- Judi Anderson (Customer Service/Medical Home Team Leader)
  - (727) 582-7533
  
- Geni Trauscht/Contract Manager/Team Leader
  - (727) 582-7553

# Questions & Comments

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