

SECTION 3 - ENROLLMENT & ELIGIBILITY

3-1 INTRODUCTION

Purpose and Authority	The PCHHS PCHP Governance Committee is responsible for developing eligibility criteria and enrollment standards. Factors influencing eligibility and enrollment standards include budget and community needs. Costs of providing services and size of target population are monitored throughout the fiscal year; enrollment criteria are reviewed annually.
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Roles and Responsibilities	Eligibility and enrollment for PCHP are determined by PCHHS staff and contracted medical home partners as described in this chapter.
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3-2 MEDICAL HOMES

3-2.1 Roles and Responsibilities	Eligibility Determination Eligibility determination for medical home services is performed in medical home enrollment sites by medical home staff, through a contractual agreement.
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	Enrollment Enrollment is finalized when PCHHS office support staff enters new client data into County database.
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3-2.2 Eligibility Criteria	Medical home staff must use the MH1 “PCHP Application” to determine eligibility for medical home services. The following eligibility criteria must be assessed:
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- Residency (Section 3-2.2.2)
- Age (Section 3-2.2.3)
- Identity (Section 3-2.2.4)
- Citizenship (Section 3-2.2.5)
- Alternative Coverage (Section 3-2.2.6)
- Income (Section 3-2.2.7)

All criteria must be verified, with associated documentation copied and included in the client’s file. When an intake worker can read a poor quality document but the scanner or photocopier cannot, he/she should write an attestation in the “Additional Case Notes” section of the application that document was legible even though copy is not.

Full-time, independent high school students are eligible for PCHP. Full-time university, college, and vocational students (greater than or equal to nine credits per term or as defined by the institution) are eligible for PCHP, only if they can provide proof that there is no health care coverage offered through their educational institution.

The MH6 “Case Manager Referral Form” may need to be used when determining eligibility. Refer to Section 3-2.2.8 for policies and procedures.

3-2.2.1 Applicants Enrolled in HHS Financial Assistance	Applicants enrolled in the Pinellas County Financial Assistance Program may also be eligible for PCHP. These applicants must present a Social Security Card and the ES7 “Information and Referral Form” for proof of eligibility for residency, income, age, and citizenship. The ES7 is valid for thirty days from date of issue. The name shown on the Social Security Card must match the name on the ES7 presented. Eligibility criteria for alternative coverage must still be determined by the medical home (see section 3-2.2.6).
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3-2.2.2 Residency	The applicant must be a Pinellas County resident in order to receive PCHP services. To be considered a resident, the applicant must live and make his/her 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.
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Special Considerations:

- Tourists, transients, and out-of-state college or university students are **not** considered residents.
- Homelessness **does not** disqualify an applicant from being considered a Pinellas County resident.
- A Post Office Box is **not** acceptable proof of residency.
- Persons currently under the custody of the Department of Corrections who reside at 5201 Ulmerton Road, Clearwater, FL 33760 are **not** considered residents and **are not eligible for PCHP**, as the Department of Corrections is responsible for their medical care. Other persons under the Department of Corrections' custody are eligible for PCHP if they meet all other eligibility requirements.

Verification (Copy of residency verification must be retained in client file for auditing purposes.) Any one of the following, with a current Pinellas County address, may be accepted to verify residency:

- Pinellas County Financial Assistance ES7 "Information and Referral Form"
- 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
- 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
- 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

Note: The document presented does **not** need to match the address that the client writes on the application.

Verification (Copy of age verification must be retained in client file for auditing purposes.) Any one of the following may be accepted to verify age:

- Pinellas County Financial Assistance ES7 “Information and Referral Form”
- State Drivers License or ID Card (does not have to be current for age verification)
- Birth Certificate
- Other government issued identification card with birth date (does not have to be current for age verification)

Emancipated status must be documented if under age 18 and not a dependent of an eligible applicant; acceptable emancipation forms include marriage license, divorce decree, or court order.

3-2.2.4 Identity Applicants are required to provide a social security card for identification. Photo identification is not required. (Additional valid, unique forms of identification may be required to support other eligibility requirements, such as proof of age.)

Verification (Copy of identity verification must be retained in client file for auditing purposes.) Any one of the following may be accepted to verify identity:

- A Social Security Card, or printout from the Social Security Administration (SSA) with a Social Security number, is required to verify identity and enroll an applicant. If the applicant does not have a Social Security Card, he/she must be referred to SSA to apply for a card before enrolling in PCHP.
- A printout from SSA verifying Social Security number may be used to enroll applicants in the PCHP. Once the client receives the official Social Security card from SSA, he/she must present the card to the medical home so it can be copied and retained as part of the client record.

Note: Clients receiving Financial Assistance from PCHHS must provide Social Security Card that matches name on ES7 “Information and Referral Form”.

3-2.2.5 Citizenship The applicant must be one of the following in order to receive PCHP services:

- Citizen by Birth- including individuals:
 1. Born in the United States
 2. Born in the territories of the United States including Puerto Rico, U.S. Virgin Islands, American Samoa, Northern Marianna Islands, Swains Island, or Guam
 3. Born abroad to United States Citizens
- Naturalized Citizen
- Refugees or Asylum Seekers
- (Non-Sponsored) Legal Permanent Resident:
 - Undocumented aliens and sponsored legal permanent residents who have not been released from sponsorship or do not have 40 work credits reported for themselves or their spouse with the Social Security Administration are **not** eligible for the PCHP.

Verification (Copy of citizenship verification must be retained in client file for auditing purposes.) According to the applicant’s status, any one of the following may be accepted to verify citizenship:

- Pinellas County Financial Assistance ES7 “Information and Referral Form”
- Client statement for U.S. citizens born in the U.S. or its territories
- Birth Certificate **or** U.S. passport for U.S citizens born *outside* of the U.S. or its territories
- Valid U.S. passport **or** Certificate of Naturalization for naturalized citizens
- Form I-94 for refugees and asylees
- **Non-sponsored, legal permanent residents:**

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- Current I-551 forms **-or-** visa stamped: “Processed for I-551; temporary evidence of lawful admission for permanent residence; valid until mm-dd-yy; employment authorized” **AND**
 - Release of sponsorship **-or-** 40 work hour credits for themselves or their spouse
 - All legal permanent residents who do not have proof of being released from sponsorship or do not have proof of the 40 work credits for themselves or their spouse must be referred to medical home case manager using the MH6 “Case Manager Referral Form” before enrolling, after other factors of eligibility have been met.
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3-2.2.6 Alternative Coverage

a) Other Health Coverage

The applicant must not currently have or be eligible for any other health coverage in order to receive PCHP services. These include:

- Private insurance (Medical, Hospital, HMO / PPO, Dental or COBRA)
 - Eligibility staff must check for deduction of insurance if applicant is employed and paystub is used in income documentation. It may be necessary to contact employer to verify insurance status.
- Medicare (even if Part B was not purchased)
- Medicaid
 - Medical eligibility staff **must** check Medicaid database for coverage
 - **Clients sanctioned from Medicaid are not eligible for PCHP**
- Veterans Affairs Healthcare (VA Healthcare)
 - If the applicant checks “yes” on the PCHP Application for prior military service and is not currently receiving services through the Veterans Health Administration (VHA), ask the applicant if he/she served prior to 9/7/1980.
 - If the applicant served even one day prior to 9/7/1980, he/she is likely eligible for VA Healthcare and should be referred to VHA.
 - If the applicant served after 9/7/1980, call VHA to verify eligibility. Please make note of this call on the application.
- Coverage by other programs not mentioned above
 - Non-related conditions would be covered under PCHP.
 - Specific conditions covered by other programs must be treated under their authority, including: Worker’s Compensation, Division of Vocational Rehabilitation, Family Planning, etc.
 - Eligibility staff must ask about accidents, Worker’s Compensation, the Division of Vocational Rehabilitation, and injuries at sites with own insurance coverage (i.e. residential treatment centers).
 - All applicants who report receiving Worker’s Compensation or services from the Division Vocational Rehabilitation **must** be referred to the medical home case manager **before** enrolling using the MH6 “Case Manager Referral Form”. All other eligibility factors must be met before referring applicant to the case manager.
- Litigations
 - Non-related conditions would be covered under PCHP.
 - Non-related conditions would be covered under PCHP.
 - Applicant with pending litigation or insurance settlement as the result of some type of personal injury or illness (work related, auto accident, etc.) must be referred to the medical home case manager **before** enrolling using the MH6 “Case Manager Referral Form”. All other eligibility factors must be met before referring an applicant to the case manager.
 - Applicants are required to sign HHS’ ES9 “Settlement Withholding Form” to permit the department to secure reimbursement from the settlement of such suit.
 - The completion of this form is **not optional**. Applicants **cannot** be enrolled in PCHP until this form is signed.

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- If an applicant's non-enrolled spouse has a pending lawsuit, the non-assisted spouse will not be required to sign the ES9 "Settlement Withholding Form".
 - Established clients are also required to inform medical homes if any new pending litigation or insurance settlement occurs as the result of some type of personal injury or illness. In these instances, the medical home must refer the client to the case manager for completion of the ES9 "Settlement Withholding Form". Clients refusing to sign the form during an on-going enrollment period must be disenrolled from PCHP **immediately** until they agree to comply. Client will **not** be re-enrolled into PCHP until ES9 is signed and HHS is fully reimbursed.

Verification (Copy of alternative coverage verification must be included in client file for auditing purposes.) Any one of the following may be accepted to verify that the applicant has no alternative coverage:

Private insurance (Medical, Hospital, HMO / PPO, Dental or COBRA)

- Applicant declaration and/or results of phone calls to agencies

Medicare (even if Part B was not purchased)

- Applicant declaration

Medicaid (including Medicaid sanctioned cases)

- Note from medical home staff **or** printout from Medicaid database indicating client is not eligible

VA Healthcare

- Phone call from medical home to VHA (Please make note of this call on the application) **or** written documentation from VHA that applicant is not eligible for VA Healthcare

Coverage by other programs

- MH6 "Case Manager Referral Form"
- Documentation of injury and coverage
 - This must also be noted in medical file so that providers have clear understanding of what condition or injuries are not covered by PCHP.

Litigations

- MH6 "Case Manager Referral Form"
- ES9 "Settlement Withholding Form"

b) SSI/SSDI

Applicants receiving or pending SSI/SSDI may be eligible for PCHP. Follow the guidelines below:

- Applicants receiving SSDI are eligible for PCHP
 - These applicants must provide documentation that they are **not eligible** for Medicaid **and** are enrolled in Medically Needy Share of Cost (MNSOC) in order to receive PCHP services.
 - MNSOC applicants who meet all other PCHP eligibility criteria may receive primary care only, which includes prescription assistance, dental relief of pain, and behavioral health services.
- Applicants pending SSI or SSDI are eligible for PCHP
 - Refer all applicants pending SSI/SSDI to case manager after enrollment so that the case manager can follow up with them and make necessary referrals to the Disability Advocate Team. This is the only occasion where the MH6 "Case Manager Referral Form" does **not** need to be filled out prior to sending the client to the case manager.
- Applicants receiving SSI are **not eligible for PCHP, as they are eligible for**

Medicaid.

- Refer these clients to DCF.

Verification (Copy of alternative coverage verification must be included in client file for auditing purposes.) The following documents verify that the applicant is eligible for PCHP:

Applicants receiving SSDI

- Letter **or** printout from DCF indicating applicant is enrolled in MNSOC and not covered by Medicaid

c) Applicants with minors

Applicants with blood-related or adopted dependent minors (including 18 year olds still in high school) **must** provide documentation that they are **not eligible** for Medicaid **and** are enrolled in MNSOC in order to receive PCHP services.

MNSOC applicants who meet all other PCHP eligibility criteria may receive primary care only, which includes prescription assistance, dental relief of pain, and behavioral health services.

Verification (Copy of alternative coverage verification must be included in client file for auditing purposes.) The following documents verify that the applicant is not eligible for Medicaid and is enrolled in MNSOC:

- Letter **or** printout from DCF indicating applicant is enrolled in MNSOC and not covered by Medicaid

3-2.2.7 Income The **total adjusted monthly income** of the applicant's assistance group must be at or below 100% federal poverty level in order to receive PCHP services. Monthly income is defined as a combination of the *adjusted* amounts of earned and unearned income of *all assistance group members*. See Appendix A for assistance group definition.

Income includes:

- Full-time or part-time employment earnings
 - Self-employment earnings
 - The "Self-Employment/Student Worksheet" should be used to calculate income for self-employed applicants.
 - Educational assistance
 - The "Self-Employment/Student Worksheet" should be used to calculate income for students.
 - Full-time students are eligible for PCHP, only if they can provide proof that there is no health care coverage offered through their educational institution.
 - Unemployment compensation
 - Workers' compensation
 - Social Security
 - Supplemental Security Income
 - Public assistance
 - Veterans' payments
 - Survivor benefits
 - Pension or retirement income
 - Interest
 - Dividends
 - Rental income
 - Royalties
 - Income from estates
 - Trusts
 - Alimony
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- Child support
 - Assistance from outside the household
 - Credit card advances
 - Home equity line of credit (if money is anticipated to be received during enrollment period)
 - Any other miscellaneous income sources

Income excludes noncash benefits (such as food stamps and housing subsidies).

All assistance group income must be included. This includes incomes from a legal spouse, cohabitating partner with child in common, and/or children.

All earned and unearned **gross income** of the assistance group is totaled for the month, and then a 15% standard deduction is applied to the total income to determine **adjusted income**. Compare **adjusted income** for the assistance group to the current income limits in Appendix A.

Verification (Copy of income verification must be retained in client file for auditing purposes.) The following are required to document income, when applicable:

- Pinellas County Financial Assistance ES7 “Information and Referral Form”
- If client is employed, paystubs from previous **four-week** period.
 - If a client does not have 4 weeks of income because they just started their job, they need to provide one of the following proofs of income:
 - ES11 “Verification of Employment/Loss of Income Form” completed by employer;
 - A letter from their employer (on company letterhead) stating how many hours a week they will be working and what their rate of pay will be; **or**
 - Documentation of phone verification with employer by the intake worker.
 - If a client just stopped working, they need to provide one of the following proofs of loss of income:
 - ES11 “Verification of Employment/Loss of Income Form” completed by employer;
 - A letter from their employer on company letterhead; **or**
 - Documentation of phone verification with employer by the intake worker.
- If self-employed, **three months** of earnings and business related operating expenses (Self-Employment/Student Worksheet).
- If student, educational award documentation for grants, loans and scholarships for current enrollment period (Self-Employment/Student Worksheet).
- Receipts for earnings, rents, or royalties.
- Statements for compensation or payments from Unemployment, Workers’ Compensation, Social Security or SSI, Public assistance, Department of Veterans Affairs, survivor benefits, pension or retirement income.
- Bank or Financial Statements showing interest, dividends, or automatic deposits for income.
- Other documentation showing income from estates, trusts, alimony, child support, or other miscellaneous sources.

Note: If an applicant does not report any earned or unearned income, the medical home eligibility staff should ask the applicant if anyone is assisting him/ her. A signed PCHP Support Statement is required for all applicants who are receiving assistance from another person or agency. If the applicant reports that they are living off savings, they must provide a recent bank statement, which is complete with their name and account number to validate their claim. It is not standard practice for the eligibility staff to call the person providing a

support statement every time the client provides one. However, staff does have the right to call if the support statement is questionable or does not clarify the client's living arrangement.

3-2.2.8 Case Manager Referral Form

The MH6 "Case Manager Referral Form" is required when additional information or documentation on alternative coverage or citizenship is still needed **after** all other factors of eligibility have been met. The applicant cannot be enrolled in PCHP until the case manager completes the MH6 and they indicate that the client is eligible. Instances where the form is required include:

- Refugee or asylee (Citizenship)
- Legal permanent resident alien (Citizenship)
- Coverage by other programs (Alternative Coverage)
 - Worker's Compensation; DVR; accidents, injuries or work-related injuries; etc.
- Litigations (Alternative Coverage)

A copy of the completed form will need to be placed in the applicant's file for auditing purposes. There is also an "other" category if further assistance is needed from the case manager after the eligibility staff have exhausted efforts to determine eligibility themselves (i.e. Complicated self-employment case or a questionable support statement).

Procedures for the Case Manager Referral Form

- Intake worker will complete the top part of the MH6, including the applicant name and social security number. They will circle the reason that the applicant needs to see the medical home case manager.
- Intake worker will hand deliver or fax the MH6 to the case manager.
- The case manager will review the eligibility requirement in question with the applicant and inform them of what is needed to complete the eligibility determination process.
- The case manager will check the appropriate box(es) and indicate if the applicant meets eligibility or if they need to return with additional information before they can be enrolled in PCHP. The case manager may write additional comments.
- The case manager will sign and date the MH6 and will return it to the intake worker.
- If additional information is needed before PCHP enrollment, the applicant will need to return and provide it to the intake worker. He/she may also need to see the case manager again, depending on the checked box(es).

3-2.3 Enrollment Period

All required documentation must be provided to complete enrollment. The application form will be valid for 30 days to allow applicants to gather the required documentation. Applicants determined eligible for PCHP services are enrolled for one (1) year from date of eligibility determination. The only exceptions to this are persons who will turn 65 during the one year of eligibility. Eligibility for those persons will end the month before they turn 65 (i.e. If client turns 65 on 7/15/2011, eligibility will end 6/30/2011). The medical home staff must ask about changes to address, phone number, income and alternative coverage at **every visit** so that changes can be made in their internal database and the County's database. Changes to address, income, and alternative coverage may also require the client to be disenrolled from PCHP.

Procedures for Enrolling an Eligible Client

- Intake worker explains the Behavior Contract and the Applicant Declaration Section (PCHP Application, Section IV) to the applicant.
 - Applicant prints, signs and dates the Behavior Contract and the Applicant Declaration (PCHP Application, Section IV).
 - Client chooses a medical home.
 - Intake worker provides client with PCHP Client Handbook.
 - Intake worker provides client with an enrollment card, which indicates their medical
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home and eligibility dates. The client should keep the card with them to take to the pharmacy, medical home, specialist, and hospital as needed. If this card is lost, client should return to medical home for replacement.

- Intake worker completes the “Office Use Only” portions of the PCHP Application and faxes the first page of the application to PCHHS office support staff. This information must be provided to HHS within 1 business day so that the client can be enrolled in prescription and other services.
- PCHHS office support staff from enters data into the County’s database. This allows all PCHP partners to verify eligibility.

3-2.3.1 Transferring to a different medical home

Applicants can transfer from one medical home partner to another once per year during an enrollment period. The original enrollment period will still be valid and a new application is **not** required. A new application can be completed if a client is within the 60-day re-enrollment period.

Transfers within a medical home partner’s various sites are **not** considered medical home transfers.

Procedures when a client transfers to another medical home

- Medical home staff will make arrangements with each other to make sure that the client signs release forms and that the original client application and medical records are transferred.
- The prior medical home staff will inform the former case manager so that they can remove the client from their caseload.
- The new medical home will inform PCHHS office staff by faxing the MH7 “Client Change Form” so that they can update the County’s database.
- PCHHS office staff will also inform the former case manager so that the client can be removed from their caseload as a backup to the prior medical home staff informing the case manager.

3-2.4 Renewals

Renewal of eligibility may be completed by medical home staff only up to **60 days prior** to the end of the enrollment period.

- For renewals without any break in service, the client’s new enrollment period will terminate one (1) year from the date of termination of the prior enrollment period.
- It is not considered a renewal if client is determined eligible after the end date of the original enrollment period. Instead, the new enrollment period will begin on the date eligibility is determination. Legal permanent resident aliens, refugees, and clients who served in the military that already have a MH6 “Case Manager Referral Form” in their file indicating that they have met the eligibility requirements do not have to have an additional form filled out.

Please refer to table below for exemplar renewal scenarios.

Example	Current Enrollment Period	Renewal Date	New Enrollment Period
Early Renewal (Up to 60 days prior to termination)	1/1/11 to 12/31/11	11/15/11	1/1/12 to 12/31/12
Gap in Service	1/1/11 to 12/31/11	1/20/12	1/20/12 to 1/19/13

3-2.5 30 Day Enrollment Extension

Team Leaders are authorized to allow a 30 day enrollment extension for clients unable to re-enroll due to circumstances beyond their control, such as a hospitalization.

Procedures for 30 Day Enrollment Extension

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- The client, case manager or medical home staff may provide the team leader with the needed information to justify the 30 day extension.
 - The team leader will inform clerical staff to enter the new 30-day enrollment in both the APPX and TBIN systems.
 - The team leader will fax the MH7 “Client Change Form” to the medical home so that they can update their computer systems
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3-2.6 Cancelling Eligibility

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

- Client who qualifies for other programs that provide medical coverage (e.g. Medicaid)
- Client who no longer resides in Pinellas County
- Client who violates program behavior policy
- Client who has committed fraud
- Client who refuses to sign ES9
- 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:

- Client receives income during the enrollment period that places him/her over the income criteria (including changes in assistance group’s income)
- Client is deemed ineligible at the end of an audit process

Information concerning the reason why a client’s eligibility will be cancelled can originate from either the medical homes or HHS offices (i.e. A financial assistance case manager may discover that a client is Medicaid eligible before that client returns to the medical home).

Procedures for Canceling Eligibility

- If originating from medical home: Medical home staff will complete the MH7 “Client Change Form” and faxed to HHS clerical staff.
 - If originating from HHS: The Team Leader will complete the MH7 form.
 - HHS clerical staff will enter the effective cancellation date in the County’s database.
 - HHS clerical staff will fax the MH7 form to the medical home so that they can enter the effective cancellation date in their database.
 - A copy of the MH7 form will be placed in the client’s medical home file.
 - The medical home will inform the case manager so that they can remove the client from their caseload.
 - HHS clerical staff will also inform the case manager to remove the client from their caseload as a back up to the medical home staff.
 - Medical home will inform client of cancellation.
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