Indiana Health Coverage Program Policy Manual
Chapter 1800 APPLICANT REGISTRATION Sections 1800.00.00 – 10835.15.00

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1800.00.00 APPLICATION REGISTRATION

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1805.00.00 REQUEST FOR AN APPLICATION

The Indiana Application for Health Coverage must be accessible to clients at all times during which the office is open. It will also be provided in an on-line version during open office hours and when the office is closed. All reception staff, eligibility workers and those answering telephone calls must inform clients that an application will be accepted when the name and address is completed, and the form is signed. No other requirements or limitations can be placed on the client's right to file an application for Health Coverage.

For the Healthy Indiana Plan (HIP), please refer to Chapter 3500.

Individuals may request assistance in person, by mail, by telephone, or online. If requested, the individual will be referred to our application portal on the FSSA website or may be given or mailed an Indiana Application for Health Coverage. When an application form is provided, assistance in completing the application is to be offered.[1]

Applications will also be received through electronic account transfer from the Federal Marketplace.[2]

Program information must be provided electronically, in print, and orally to all applicants and other authorized individuals who request it, such as parents of dependent children, authorized representatives, certain power-of-attorneys, and legal guardians. Information that must be provided includes:[3]

- Eligibility requirements

- Available Medicaid services
- The rights and responsibilities of applicants and beneficiaries.

Such information must be provided to applicants and beneficiaries in plain language and in a manner that is accessible and timely to:

- Individuals who are limited English proficient through the provision of language services at no cost to the individual (the language line is 877-261-6608; and
- Individuals living with disabilities through the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

Individuals may also receive help with the health coverage application through a Certified Indiana Navigator including Enrollment Center staff.[4] [5]

The individual requesting assistance should be encouraged to file an application the same day the DFR is contacted. The individual is to be informed that prompt filing is important as the date of entitlement is affected by the date the signed application is received by the DFR or the Federal Marketplace.

An individual has the right to apply and the right to have the determination of eligibility made without discrimination because of race, color, sex, age, disability, religion, national origin, marital status, or political belief. An application must be provided without question or delay to any individual requesting assistance without regard to apparent ineligibility.[6]

1810.00.00 REQUEST FOR AN INDEPENDENT RESOURCE ASSESSMENT (MED 1)

An aged, blind, or disabled individual who becomes institutionalized on or after September 30, 1989, and whose spouse is living in the community, is entitled to a resource assessment without filing a Medicaid application. The request for an independent assessment can be made by either spouse or his representative.

An Independent Resource Assessment should be requested when a spouse enters a long-term care facility and anticipates that he may have to apply for Medicaid at a later date. The assessment establishes the total value of the couple's nonexempt resources on the exact date of admission to the facility so that the "spousal share" can be calculated. The spousal share, or one-half of a couple's combined resources, is a critical element in the Medicaid eligibility determination as it represents the amount of resources, not to exceed the current limit listed in Section 3005.10.00(MED 1), which can be protected for the community spouse when the institutionalized spouse applies for Medicaid. Refer to Section 2635.10.10.05 which explains the resource assessment determination and the procedures to follow.

The spousal share is determined off-line by the caseworker using the State Form 45919 (R/11-96)/FI 2060 and entered on the Resource Assessment page. If a data entry error or

mathematical error is discovered, the Manager can access the Resource Assessment page and correct the spousal share. The determination cannot be appealed until a Medicaid application is filed.

An Independent Resource Assessment should never be conducted in conjunction with an application. It should only be completed when there is no Indiana Application for Health Coverage. When an Indiana Application for Health Coverage is made for an individual residing in long term care and that individual has a spouse in the community, Register Application Page should be completed just as it is for any other applicant. The resource assessment will then be done on-line during the application entry process. If an Independent Resource Assessment was completed prior to an Indiana Application for Health Coverage, the spousal share will be displayed on the Resource Assessment page.

1815.00.00 INFORMED CHOICE

The Eligibility System is designed around the outreach concept of "informed choice" which provides clients the option to apply for any or all programs (FS, TANF, MA) of assistance in one interview. The household should be informed that each program has specific eligibility requirements that do not apply to the other programs, and that loss of benefits under one program does not always mean that other program benefits will also be lost. It is the obligation of the DFR to provide the individual with sufficient objective information to allow the individual to make an informed choice. Additional programs may be selected by the client during the subsequent interview with the caseworker or at any time the client desires but will require an application to be completed.

1820.00.00 INITIAL CONTACT PERSON

The agency must accept an application from the applicant, an adult who is in the applicant's household, or family, an authorized representative, or if the applicant is a minor or incapacitated, or someone acting responsibly for the applicant.

The individual who makes the initial request for assistance is referred to as the Initial Contact Person (ICP) for the application. The ICP completes the application registration process and signs the Indiana Application for Health Coverage. The ICP may or may not be seeking assistance for himself and may or may not be the interviewee during the application interview, if applicable. Refer to Section 2005.05.10 which explains who may be interviewed, if required.

The worker must inform the ICP that information about Rights and Responsibilities are included as an attachment to the Application.

If an interview is required, please, refer to IHCPPM 2005.05.10.

1825.00.00 APPLICATION REGISTRATION PROCESS

Application registration begins the application process for individuals requesting assistance. The purpose of application registration is to:

- Gather basic demographic information on the individual(s) for application completion
- Perform individual clearance, statewide clearance, prior contact checks and address inquiries through the Eligibility System
- Initiate tracking of applications through the Eligibility System.

1825.05.00 COMPLETION OF THE APPLICATION

The application process is initiated when either the Initial Contact Person (ICP) requests assistance from the DFR to complete the Indiana Application for Health Coverage or actually submits a complete Indiana Application for Health Coverage with the DFR through the FSSA Benefits Portal (https://www.ifcem.com/CitizenPortal/application.do). The ICP must be given an opportunity to review the information that was recorded and must be given a copy of the information. This application is then signed by the ICP. The application can be printed in either English or Spanish.

The ICP may also elect to take a printed application form from the FSSA Benefits Portal to complete outside the office or the form may be mailed to an individual or family identified by the ICP by having the application printed through the FSSA Benefits Portal. The ICP should be advised that the completed application should be mailed to the FSSA Document Center, brought to the DFR, or faxed to 1-800-403-0864.

An Indiana Application for Health Coverage is considered valid when, at minimum, a name, address, and signature are provided. Individuals without a fixed address (homeless) may use the address of the DFR when applying, if the individual has no other reliable address where she can receive mail. Once the application has been signed, the recorded information supplied by the ICP is not to be changed nor is information to be added. The date of application is the date on which a signed application is received by the DFR.

1825.05.05 RECEIPT OF AN APPLICATION

When a valid application is received electronically, through the mail, by fax, over the phone, or is hand delivered, the date of receipt of the application will be recorded. Inquiry into the Eligibility System will be performed to determine the active, inactive, pending, or unknown status of the individual. Refer to Section 1825.05.15 for information regarding individual clearance.

When an invalid application (missing name, address and/or signature) is received through the mail, the screener does not record its receipt. The form is returned to sender with instructions for proper completion. Further, if an outdated application form such as the old FI 2400 or HHW application is received by the DFR, such application should be considered acceptable as long as it meets minimum requirements according to IHCPPM 1825.05.00. However, the individual who submitted the application should be contacted about utilizing the FSSA Benefits Portal to obtain the correct application in the future.

1825.05.15 INDIVIDUAL CLEARANCE

It is imperative to check the client's name and address via the Eligibility system in order to identify whether the client has any previous history documented in the Eligibility system. The check must be performed prior to the clearance process for each and every individual residing at the household address using both name and SSN. The screener must resolve any clearance problems before application registration processing continues. Failure to match someone correctly may lead to multiple records and duplicate benefits.

If the worker does not find a name match in the Eligibility System and no name or SSN match is found, the worker should start Application Registration in the Eligibility System. Demographic information on all household members should be entered as it appears on the application.

If the caseworker does find an exact match for any individual on the application, proceed as follows:

- Worker will start Application Registration in the Eligibility System.
- Demographic information on all household members will be entered as it appears on the application.
- The screener will need to review the display that is shown to ensure that all information was entered correctly. For an exact match, the screener can place an "X" in the select column and hit <ENTER>.
- The next individual will be displayed, and the same process is repeated until all individuals have been cleared.

If the demographic data as known to Eligibility System is different from that provided by the ICP, proceed as follows:

- Worker will start Application Registration in the Eligibility System.
- Demographic information for each individual in the household should be entered exactly as it appears on the inquiry screen and that information will be displayed as it was found in Eligibility System.
- At this time, this information should be examined to ensure an exact match. If it is not an exact match, the PF17 key will allow the screener to return to the previous screen. The information that was incorrect will then need to be corrected so it is an exact match to the screen that first showed the individual match. If it is an exact match, the screener can place an "X" in the select column and hit <ENTER>. The system will allow the individual to PASS.
- Once the individual has been allowed to PASS, do not change information for any individuals until reaching the Eligibility System screen reflecting the relationships of all household members or the Eligibility System screen showing the individuals living at the case address. Types of changes that may occur on these screens include:
    - Spelling of individual's name

- Date of birth
- Sex code
- Ethnic code
- Social Security Number (SSN).

If it is discovered that someone's verified SSN has been entered for another individual, the following guidelines should be observed. NOTE: Do not simply key over the name/DOB/sex/race fields to attach the SSN to the correct individual. This will tangle their data under one RID. Follow this procedure:

- If the SSN is found for an individual in an open case, check the SSN verification in case file and if necessary, re-verify the SSN.
- If the SSN is found for an individual in a closed case, you may temporarily enter the individual into the case being processed, adding his demographic data. Clearance will run for this individual and the information must match.

To correct the SSN in either situation above, blank out the incorrect SSN and press ENTER. This will free the SSN to be entered for the verified SSN owner. The correct SSN may then be added to the blank field. In the second scenario, the individual may then be deleted. If both workers verify the SSN to be correct, the problem must be resolved with the Social Security Administration. If an individual appears on the Eligibility System with multiple SSN's, contact the Help Desk so the situation can be corrected.

When ICP cannot provide sufficient information for the screener to make a "match" without doubt that the match is correct, the worker should start Application Registration without entering the questionable individual(s).

For all individuals for whom a definite match cannot be made, proceed as follows:

- A memo should be attached by the screener to the Indiana Application for Health Coverage alerting the caseworker that the individual(s) should be added and pass clearance.
- An entry should also be made in Running Record Comments. The ICP must be encouraged by the screen to obtain the missing demographic information by the scheduled interview.

If any individual is found to be active in an existing Eligibility System case, refer to Section 1825.05.05 for instructions on how to proceed.

If the address given by the ICP matches an address known to the Eligibility System as active, refer to Section 1825.05.05 for instructions on how to proceed.

1825.10.00 PERSON WHO SIGNS THE APPLICATION

Anyone can sign the Indiana Application for Health Coverage. The person signing the application is required to swear or affirm that the information he provides on the application is true and correct to the best of his knowledge or belief. Once the application is signed, the recorded information supplied by the ICP is not to be changed, nor is information to be added.
The agency must require that all initial applications be signed under penalty of perjury. Electronic, including telephonically recorded, signatures and handwritten signatures transmitted via any other electronic transmission must be accepted.

1825.10.05 ALIAS

The individual's legal name is to be used on the application in most cases. If the individual has an alias or has used other names in the past, it is important to establish which name the individual uses most frequently when doing business. The individual's most commonly used name is the name under which the case is to be established.

1825.15.00 DATE OF THE APPLICATION

The date of application for Medicaid is determined as explained below.

IMPORTANT: The original date of application must always be honored and is never to be altered.[7]

If duplicate applications are received for an applicant, the earliest application date must be maintained and used to determine the proper effective date of coverage.

Notification of denial as a duplicate application must be sent to the applicant for any duplicate application submitted.

The date of application is the date a signed application is received by DFR.8 Any application received after 4:30pm EST, or on a non-business day, should be dated as received on the next business day. This time rule goes for all applications received. For example:

- When the application is mailed into the DFR, the local DFR office must ensure that the actual date of receipt is stamped on the application. The stamped date is the application date.
- When an application is completed over the phone, the received date is the date it was completed.
- When the application is completed on-line or is faxed to the DFR, the received date of the application will be the actual date the application was completed on-line or received via fax, subject to business day rules as stated above.
- When an application is received from the Federal Marketplace, the date of application will be the date the DFR receives the application from the Federal Marketplace, again per the rules listed above.

1835.00.00 SCHEDULING THE INTERVIEW (MED 1, 2, 4)

After the inquiry and Application Registration processes have been completed, an interactive interview must be scheduled for the applicant whose eligibility is being determined under a non-MAGI category.

If the interview is not held on the same day that the application is received, an appointment must be scheduled.

The system will generate an appointment notice to the client if an appointment is scheduled at least seven business days in advance for initial applications, five business days for general appointments, six business days for redeterminations, and ten days for IMPACT appointments.

If an appointment is scheduled sooner, a manual notice must be prepared and given to applicant. This can be accomplished by screen printing CSAS.

The initial interview may be held on the same day that the application is received or as soon as possible. The initial interview should be scheduled to give sufficient time to determine eligibility and provide benefits within the timeliness standards.

All individuals must be informed of the conditions under which an out of office interview may be conducted.

1835.05.10 APPLICANT INTERVIEW (MED 1, MED 2, MED 4)

To determine initial eligibility there must be an interview with the applicant or with someone acting responsibly for the applicant. Refer to Sections 2005.00.00 and 2005.05.10. The interview may take place in the DFR or on the telephone.

The worker must be assured that it is not a hardship on the applicant to come to the office. Interviews cannot be required for someone whose eligibility is being determined under MED 3 or by an LIS/MSP application from Social Security, unless the applicant is also being considered potentially eligible under MED 1, 2, or 4.

1835.15.00 DENYING AN APPLICATION WHEN THERE IS NO INTERVIEW

If an individual whose eligibility is being determined under a non-MAGI category does not keep an appointment for an interview within 30 days of the application date, the worker must then take action to deny the application on the 30th day. The application should not be closed until the 30th day for failure to keep an appointment.

If the 30th day falls on a non-business day, the denial action must be taken on the next business day in order to be timely.

An entry should be made in Running Record Comments to explain the denial situation.

An applicant may voluntarily withdraw the application at any time.

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[1] 42 CFR §435.908
[2] 42 CFR §435.907
[3] 42 CFR §435.905
[4] IC 27-19-2-12
[5] IC 27-19-2-3
[6] 42 CFR §435.906
[7] 405 IAC 2-1-3