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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 94 INF-21

TO: Commissioners of
 Social Services

DIVISION: Health and
 Long Term Care

DATE: May 12, 1994

SUBJECT: Combined Application for Medical Assistance
 and WIC for Pregnant Women and Young Children

SUGGESTED
 DISTRIBUTION: Medical Assistance Directors
 Staff Development Coordinators

CONTACT PERSON: Priscilla Smith at 1-800-343-8859, extension 3-5532

ATTACHMENTS: Attachment I: Documentation Checklist (On-Line)
 Attachment II: Information and Instruction Sheet
 (On-Line)
 Attachment III: Combined MA/WIC Application
 (Not available on-line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
			PHL 2511		

I. PURPOSE

This letter is to inform local districts of a new combined application for Medical Assistance (MA) and the Supplemental Food Program for Women, Infants and Children (WIC). Although the current draft of the combined application does not include Child Health Plus (CHPlus), the ability to apply for CHPlus is expected to be incorporated by the July 1, 1994 implementation date. The combined application was developed in a coordinated effort by the New York State Departments of Social Services and Health, the Human Resources Administration (HRA), the Children's Defense Fund and various community organizations. The application will be used for pregnant women and young children born on or after October 1, 1983.

II. PILOT

Chapter 731 of the Laws of 1993 amended Section 2511 of Public Health Law to require the Departments of Health and Social Services to develop a combined application to be used by pregnant women and young children (born on or after October 1, 1983) to apply for MA, WIC and CHPlus. A pilot in Albany, Chautauqua, Jefferson, and St. Lawrence counties, as well as selected sites in Westchester County and New York City, is currently being conducted using the draft application for MA and WIC. The pilot began April 11, 1994 and the combined application is to be implemented statewide by July 1, 1994.

A new documentation checklist has also been developed to be used with the combined application. This documentation checklist requires only one item of documentation per eligibility factor. In the past, some documents were considered secondary sources, which required submission of two items. The checklist includes documentation necessary for determining financial eligibility for both WIC and MA. Those eligibility criteria necessary only for MA are labeled "MA Only". Those necessary to determine WIC eligibility only are labeled "WIC Only". (See Attachment I)

A one page information sheet has been developed to provide applicants with information about who can apply on the combined application and how to complete the appropriate sections for each program. The application and the instruction sheet are alphabetically labeled by section to assist the applicant in identifying the information that is applicable to the appropriate section of the application. (See Attachments II and III)

During the pilot, districts will monitor the work flow of the combined application in order to assess its impact and effectiveness. Pilot districts will be able to provide information about the number of applications that originated from the various sites. The Department will also revise the application based on comments and concerns from the pilot.

III. STATEWIDE IMPLICATIONS

Once the combined application is fully implemented on July 1, 1994, pregnant women and young children will be able to apply for MA, WIC and

possibly CHPlus using the combined application at local district offices, outreach sites and WIC offices. If there are other family members who want to apply for MA, the application form (DSS 2921) must be completed at the local district or at an MA outreach site that accepts a full application.

An applicant who wants to apply for WIC only must be referred to a WIC site; an applicant who wants to apply for MA-only must be referred to an MA site.

Any WIC application accepted as part of a multiprogram application at an MA site will be forwarded to a WIC site for WIC certification. The district and the WIC agency have the flexibility to use a centralized WIC site or specific WIC sites as selected by the applicant. A directory of WIC sites will be distributed to local district offices. Once the WIC office receives the application, their staff will follow up by contacting the applicant and informing her of the necessary steps in completing eligibility requirements for the WIC program.

Once DOH has finalized procedures to process the combined application for CHPlus, this information will be made available to districts. Districts will be asked to initiate or continue monitoring the number of MA/WIC/CHPlus applications that originate at the various types of sites (MA outreach, WIC, PCAP or CHPlus) for a period of time after implementation.

A finalized version of the combined application will be distributed to all districts after completion of the pilot. Initially, the application will need to be duplicated and mailed to the WIC and/or CHPlus site. When the combined application is available on NCR (No Copies Required) paper, a page of the application will be able to be separated and forwarded to any other program for which an individual has applied. The revised application and its use will be discussed at regional meetings in May and June.

An Administrative Directive is forthcoming.

Sue Kelly
Deputy Commissioner
Division of Health and Long Term Care

Applicant's name: _____ Information due by: _____

Applicant's address: _____

Information received: _____ Date mailed by site: _____

Applicant's phone: _____ Outreach/WIC site: _____

Application taken by: _____

MEDICAID/WIC APPLICATION FOR PREGNANT WOMEN AND YOUNG CHILDREN
DOCUMENTATION CHECKLIST

The following eligibility factors must be documented for Medicaid (MA) or MA and WIC. Copies are sufficient. Other types of documentation are acceptable; discuss this with your interviewer.

____ IDENTITY

Submit one of the following:

- Photo I.D.
- Driver's license
- Social Security card
- U.S. passport
- Birth certificate (need second form of ID if need to apply for SSN)
- Statement from agency/institution/another person (if no other documents are available)
- Hospital records

____ RESIDENCY

Submit one of the following:

- ID card with address/postmarked envelope/postcard/magazine label
- Driver's license
- Bill/Bank statement/phone book/correspondence with another agency
- Letter/lease/rent receipt with home address from landlord
- Self declaration (if no other documents are available)
- Medical Referral form (if address is completed by a provider)

____ SOCIAL SECURITY NUMBER FOR CHILDREN ONLY (If applying for MA)

Submit one of the following:

- Social Security Card
- Application for Social Security number (SS-5)
- Official Correspondence from SSA

____ AGE (if under 21)

Submit one of the following:

- | | |
|-----------------------|----------------------------|
| Birth certificate | School records |
| Baptismal certificate | Adoption records |
| Hospital records | Naturalization certificate |
| | Physician's statement |

____ CITIZENSHIP AND ALIEN STATUS FOR CHILDREN (If applying for MA)

Submit one of the following:

- | | |
|-----------------------|----------------------------|
| Birth certificate | U. S. passport |
| Baptismal certificate | Naturalization certificate |
| Hospital records | INS documentation |

____ PREGNANCY

Submit a statement from medical professional verifying pregnancy and the expected date of birth or completed WIC medical form

____ HEALTH INSURANCE CARD/PREMIUM NOTICE (If applying for MA)

(see back of form)

If you are working and have any of the following income listed below:

_____Wages

Submit one of the following:

Pay stubs/pay checks
(to verify 4 consecutive weeks wages)
Statement from employer
WIC ONLY: Migrant workers submit VOC card/
employer statement
Self Declaration (in absence of
other documentation)

_____Military

Submit one of the following:

Pay statements
Leave and earnings statement

_____Self employment

Submit one of the following:

Previous year's tax return
Quarterly tax return form (1040 ES)
Records for self employment earnings and
expenses

_____Income from rent or room/board

Submit one of the following:

Current contribution check
Statement from roomer, boarder, tenant

If you have dependent care costs:

Submit one of the following:

Statement from day care center or other
child care provider
Cancelled checks or receipts

If you receive any of the following income:

_____Child support

Submit one of the following:

Statement from family court or court order
Statement from person paying the support

_____Unemployment

Submit one of the following:

Unemployment Benefit Letter
Unemployment card
Copy of unemployment check or stub

_____Social Security Benefits (including SSI)

Submit one of the following:

Current Award Certificate
Current benefit check
Official correspondence with SSA

_____Worker's Compensation

Submit one of the following:

Award letter
Check stub

_____Veteran's Benefits

Submit one of the following:

Current award certificate
Current benefit check
Official correspondence with VA

_____Interest/dividends

Submit one of the following:

Statement from bank (book) or credit union
Statement from broker

_____Financial Aid/WIC ONLY-Aid Transcript/Certification of Finances

INFORMATION ABOUT THE MEDICAID/WIC APPLICATION
FOR PREGNANT WOMEN AND YOUNG CHILDREN

You may use this application form to apply for Medicaid and/or WIC if:

- o you are pregnant or;
- o you are applying for an infant or a child under age 5.

You may also use this application form to apply for Medicaid if:

- o you are applying for a child who was born on or after October 1, 1983.

If you want to apply for Medicaid for family members who are not listed above, you must use the regular Medicaid application (DSS 2921).

HOW TO COMPLETE THE APPLICATION

This application can be used to apply for either MA or WIC or for both programs. These directions and the application are lettered by section to help you. If you are applying as someone's representative, please PRINT information about that person, not yourself. If you are applying for WIC only, complete just the sections that have "WIC" in the background and sign at Section F.

SECTION:

A: Check the box to show whether you want to receive a notice of decision on your application in ENGLISH ONLY or SPANISH and ENGLISH. Print your full name and your phone number (including your area code). Print where you now live and if you get your mail somewhere other than where you live, fill in that address.

B: If you are applying for MA, print the name of anyone in your household who has health insurance. Please include the name of the insurance company, policy holder, policy number and cost.

C: List the names of all people who live with you, even if they are not applying for assistance. Print your name first. Print date of birth and sex for each person applying. For each person listed, print how s/he is related to you (i.e., husband, son, etc.).

FOR CHILDREN ONLY: PRINT A SOCIAL SECURITY NUMBER (SSN) OR, COMPLETE AN APPLICATION FOR A SSN. CHECK THE BOX IF A CHILD IS A CITIZEN. IF A CHILD IS NOT A CITIZEN, S/HE MAY STILL BE ELIGIBLE FOR MEDICAID. SEE SECTION 5 ON THE BACK OF THE APPLICATION FOR OTHER INFORMATION. IF A CHILD IS AN UNDOCUMENTED ALIEN APPLYING FOR EMERGENCY SERVICES ONLY, A SOCIAL SECURITY NUMBER AND CITIZENSHIP INFORMATION ARE NOT NEEDED.

D: If anyone applying is under twenty-one and has a parent living outside the household, fill out this section.

NOTE: ANYONE WHO IS PREGNANT AND DOES NOT WANT TO SUPPLY THIS INFORMATION FOR HERSELF OR HER CHILDREN, DOES NOT NEED TO FILL OUT THIS SECTION.

E: List each person in your family who has income or expects to receive income. Include all kinds of income such as unemployment benefits, wages, interest, Public Assistance, SSI, pensions, disability, alimony and child support. List employers, the gross amount of income before taxes and how often the person is paid. If you pay child care, list that amount. Indicate if anyone receives Food Stamps, WIC, or reduced price or free school lunch.

F: Sign your name and date the application. If you have filled out the application for someone else, sign your name and print the date.