

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-25-.15

Rule Title: Parents and Other Caretaker Relatives, Extended Medicaid Benefits due to Spousal Support, and Transitional Medicaid Benefits

_____ New; X Amend; _____ Repeal; _____ Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? _____ no

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? _____ yes

Is there another, less restrictive method of regulation available that could adequately protect the public? _____ no

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? _____ no

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? _____ no

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? _____ yes

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? _____ no

Does the proposed rule have an economic impact? _____ no

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer: Stephanie Lindsay

Date: 7-18-2018

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medicaid Agency

RULE NO. & TITLE: 560-X-25-.15 – Parents and Other Caretaker Relatives, Extended Medicaid Benefits due to Spousal Support, and Transitional Medicaid Benefits

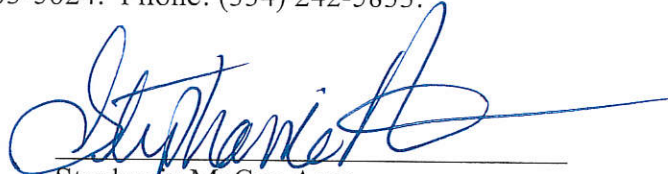
INTENDED ACTION: Amend 560-X-25-.15

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to include general updates and additions that will clarify the requirements of Parents and Other Caretaker Relatives (POCR).

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than September 4, 2018.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Phone: (334) 242-5833.


Stephanie McGee Azar
Commissioner

Rule No. 560-X-25-.15 Parents and Other Caretaker Relatives, ~~Extended Medicaid Benefits due to Spousal Support~~, and Transitional Medical Assistance Medicaid Benefits.

(1) Parents and Other Caretaker Relatives (POCR)

(a) Parents and Other Caretaker Relatives (POCR)(~~i.e. formerly Medicaid for Low Income Families [MLIF]~~): ~~Parents and other caretaker relatives are defined as is a Medicaid eligibility coverage group available to~~ parents and other caretaker relatives of dependent children with household income at or below 13% of the federal poverty level (FPL). ~~This POCR~~ also includes qualified pregnant women without other children whose family income falls within the standards for POCR. A standard income disregard of 5% of the federal poverty level is applied if the individual is not eligible for coverage due to excess income.

(b) ~~The POCRs are must be~~ related to the dependent child by blood, adoption, or marriage; ~~and~~ with whom the dependent child lives; and who has primary responsibility for the dependent child's care. An all-inclusive list of POCR relationships includes: caretaker relative includes:

1. The dependent child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew or niece;
2. The spouse of such POCR parent or relative, even after the marriage ends due to divorce or death.

(~~bc~~) A "dependent child" is defined as a child who is under the age of 19.

(~~ed~~) Self-attestation must be accepted to verify the POCR relationship for caretaker relatives unless there is information that is not reasonably compatible with such attestation. In such cases, If the caretaker relationship must be verified the following documents are acceptable to verify POCR relationship:

1. Primary sources: Birth record, school records, sworn, notarized or witnessed statement of applicant/recipient, affidavit of paternity, hospital birth record, court orders signed by the judge where the relationship is acknowledged as claimed and there is no evidence to the contrary. If there are no primary sources to verify the POCR relationship, then the combination of both a documentation use Declaration of Natural Relationship Fform made by with the applicant/recipient or other persons with knowledge of the relationship and secure a secondary source to verify the POCR relationship verification.

2. Secondary sources: Insurance policy, other agency records, (example Red Cross, SSA, Census records, VA, Department of Senior Services records, Department of Human Resources), bible records, income tax records, official records, (example school report card, juvenile court), other hospital records, clinic or Health Department records, church records, military records, statement from a minister, priest or rabbi, baptismal certificate or other.

(~~de~~) Technical Requirements:

1. The dependent child must be living in the home of the POCR a parent or other close relative.
2. The dependent child must be under age 19.
3. The dependent child must be a U.S. citizen or an alien in satisfactory immigration status.

4. The POCR caretaker must cooperate with the Department of Human Resources and Alabama Medicaid Agency in Medical Support Enforcement Activities and in Third Party Medical Liability Activities unless good cause for not cooperating is determined.

5. When application is made for a dependent child~~(ren)~~ the POCR relative who cares for the dependent child him/her (them) automatically assigns to the State all medical insurance or medical support benefits to the extent medical assistance is provided to both the dependent child and the POCR, him/her or a child in their care.

6. The POCR parent/caretaker must furnish all Social Security numbers for everyone in the household or apply for a Social Security number for anyone who does not have a number and furnish the number upon receipt. (These numbers will be used in addition to any other means of identification in the administration of the program as provided for in Section 402(a)(25) of the Social Security Act). The number provided will be used in computer matches, program reviews and audits. Eligibility and income information will be requested regularly from the Internal Revenue Service, Social Security Administration, Alabama Department of Industrial Relations and other public and private organizations.

7. The POCR parent/caretaker must apply for any other benefits for which they or other members of the household appear to be eligible, such as Veteran Benefits, Social Security, Unemployment Compensation, etc.

(fe) The Agency uses less restrictive **income and resource methodologies** than those in effect as of July 16, 1996, as follows:

1. Resources are excluded.
2. Gifts and inheritance are considered excluded income.

(2) Extended Medicaid Benefits due to Spousal Support Collections

~~—All persons who are correctly members of the household that becomes ineligible for Parents and Other Caretaker Relatives due wholly or partly to the collection or increased collection of spousal support are entitled to Extended Medicaid coverage for four months (children eligible for 12 continuous months) provided:~~

~~(a) —The case was terminated (wholly or partly) due to the collection or increased collection of spousal support; and~~

~~—(b) —The household (or any member of the household) correctly received Medicaid in Alabama for at least three of the six months immediately prior to the first month of ineligibility.~~

(32) Transitional Medical Assistance (TMA)

(a) When a household loses eligibility for Medicaid benefits under the POCR coverage group due wholly or partly to the collection of increased earnings or hours of employment, the household Parents and Other Caretaker Relatives (POCR) because of earned income and has correctly received POCR under this group in at least three of the preceding six months, the family is entitled to twelve (12) continuous months of Transitional Medical Assistance (TMA), provided that: .—Once eligibility is established, the family is eligible for 12 continuous months following the month of the transitional Medicaid eligibility determination.

~~To be eligible for 12 months of Transitional Medical Assistance all of the following must apply:~~

~~(a)1. Medicaid benefits under the PO CR coverage group were The PO CR case was terminated due wholly or partly to the parent's/caretaker PO CR's increased earnings or hours of employment;~~

~~(b)2. The household correctly received Medicaid benefits under the PO CR coverage group in Alabama for at least three (3) of the six (6) months immediately prior to the first month of ineligibility; and~~

~~(c)3. There is a child under 19 in the home.~~

(b) When a household loses eligibility for Medicaid benefits under the PO CR coverage group due wholly or partly to the collection or increased collection of spousal support, the household is entitled to four (4) continuous months (and children are eligible for twelve (12) continuous months) of Extended Medicaid coverage, provided that both:

1. Medicaid benefits under the PO CR coverage group were terminated due wholly or partly to the PO CR's collection or increased collection of spousal support; and

2. The household (or any member of the household) correctly received Medicaid benefits under the PO CR coverage group in Alabama for at least three (3) of the six (6) months immediately prior to the first month of ineligibility.

Author: Denise Banks, Associate Director, Policy and Training, Beneficiary Services Division

Statutory Authority: Personal Responsibility and Work Opportunity Reconciliation Act of 1996. 1902(a)(10)(A)(i)(I) and 1931(b) and (d) of the Act, 42 C.F.R. 435.110, 42 C.F.R. 435.112, 408(a)(11)(B) and 1931(c)(1) of the Act, 408(a)(11)(A), 1902(a)(52), 1902(e)(1)(B), 1925, and 1931(c)(2) of the Act, 1902(a)(52), 1902(e)(1)(B), and 1925 of the Act.

History: Emergency Rule Filed and Effective April 9, 2003. **Amended:** Filed April 21, 2003; effective July 16, 2003. **Amended:** Filed February 11, 2014, effective March 18, 2014.

Amended: Filed June 11, 2015; effective July 16, 2015. **Amended:** Filed July 18, 2018.