STATE OF NEW YORK
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H.
Commissioner

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Executive Deputy Commissioner

ADMINISTRATIVE DIRECTIVE

TRANSMITTAL: 00 OMM/ADM-2

TO: **Commissioners of Social Services**

DIVISION: Office of Medicaid Management

DATE: May 4, 2000

SUBJECT: Facilitated Enrollment of Children into Medicaid, Child Health Plus and WIC

SUGGESTED DISTRIBUTION:

Commissioners
Medicaid Directors
Medicaid Staff
Managed Care Staff
Staff Development Coordinators

CONTACT PERSON:

Medicaid Local District Liaison: (518) 474-9130
New York City Representative: (212) 268-6855
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ATTACHMENTS:

Attachment I: DOH-4133 (Growing Up Healthy Application)
Attachment II: DOH-4134 (Growing Up Healthy Documentation Checklist)
Attachment III: Statewide List of Facilitated Enrollers

(None are available on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
98 OMM/ADM-3 91 ADM-28 91 ADM-18	98 OMM/ADM-3	360-2.1 360-2.2 360-2.4	PL 105-33 Public Health Law Section 2511(9)		

I. PURPOSE:

The purpose of this Office of Medicaid Management/Administrative Directive (OMM/ADM) is to:

- advise local social services districts (LDSS) of the requirement to coordinate their application processes with approved community-based organizations contracting with the Department to provide "facilitated enrollment" assistance to families in applying for Medicaid, Child Health Plus (CHPlus) and the Special Supplemental Food Program for Women, Infants, and Children (WIC) for their eligible children; and,

- introduce the revised DOH-4133, Growing Up Healthy Application.

II. BACKGROUND:

In 1997, the U.S. Congress passed the Balanced Budget Act (BBA), Public Law 105-33, which contains several provisions relating to children's health care coverage. These provisions, including the newly created Title XXI of the Social Security Act, contain the framework for states to establish State Child Health Insurance Plans (SCHIPs), to vastly expand outreach and enrollment efforts for both Medicaid and the new SCHIPs, and to foster close coordination between the two programs. Enhanced federal financial participation is available for these efforts.

New York State has had its own children's health insurance program since 1990. This program, Child Health Plus (CHPlus), contracts with private insurers to supply low-cost or free health insurance to low income children. The BBA recognized New York's CHPlus program, which was previously funded with State-only money, as an acceptable SCHIP program.

In New York State, Chapter 2 of the Laws of 1998 was enacted to provide authority for the Department to implement the BBA. Chapter 2 requires the Department to implement locally-tailored public education, outreach and facilitated enrollment strategies targeted to children who may be eligible for benefits under CHPlus and Medicaid. In response, the Department released a Request for Proposals (RFP) in March 1999, to solicit proposals from community-based organizations to facilitate enrollment in CHPlus and Medicaid. As a result, 34 "lead organizations" (also called lead agencies) were selected to coordinate facilitated enrollment in community-based settings. Many of them have sub-contracted with other community-based organizations to which they will provide oversight. CHPlus insurers have also been given an opportunity to facilitate enrollment in these programs.

Additionally, the State has revised the Growing Up Healthy application (DOH-4133, Attachment I) which has been in use in pilot sites as a joint application for CHPlus, Medicaid and WIC. This application, which includes a documentation checklist, will be used by facilitators to assist children in accessing the appropriate program(s).

II. PROGRAM IMPLICATIONS:

Facilitators will be placed in various locations in the community, such as hospitals, clinics, day care centers, and community centers. Chapter 2 of the Laws of 1998 requires facilitators to be available evenings and weekends.

Facilitators will assist families in applying for Medicaid or CHPlus and WIC. This assistance will include screening the applicant for the appropriate program, completing the application, collecting the required documentation, submitting the completed application and necessary documentation to the appropriate program, and follow-up with families to ensure they complete the application process. Local districts may delegate to the facilitator the authority to conduct the Medicaid face-to-face interview with the applying family, or they may require the facilitator to act as the family's authorized representative during the face-to-face interview at the LDSS. The family cannot be required to come into the LDSS for the face-to-face interview. The facilitator will also assist families in choosing a health plan for CHPlus. For Medicaid, facilitators may assist families in pre-selecting a health plan, at the families' option.

The goal of facilitated enrollment is to maximize the enrollment of eligible children in the appropriate program and ultimately, demonstrate improved access to care and health outcomes. The role of the LDSS is critical to the success of facilitated enrollment. Some LDSS have already been involved in the development of facilitated enrollment proposals with organizations in their communities, while others may not have had a direct role. In either event, LDSSs are responsible for working with approved organizations in the facilitated enrollment process. Districts, in conjunction with the lead organizations, may design processes/procedures which meet local needs while accommodating applications received from facilitators.

IV. REQUIRED ACTION:

A. Local District Responsibilities

The LDSS must coordinate the application process with the approved facilitated enrollment organizations working in their communities. It is also anticipated that recipients who enroll in Medicaid through a facilitator will be assisted in the recertification process by such facilitator. Attachment II provides a Statewide listing of approved lead agencies. The responsibilities of the LDSS in the facilitated enrollment process include the following:

1. Work with the lead organizations to develop protocols for the receipt and processing of applications and recertifications. This includes developing processes for notifying the lead organization and the applicant when additional documentation is required and of

the final eligibility determination. Such procedure must allow for the submission of the DOH-4133 by the lead organizations.

2. When needed, provide information to lead organizations to assist facilitators in determining a health care provider's participation in Medicaid Managed Care, as described in Section B of this directive.

3. Accept completed applications (DOH-4133) from the lead organizations and process applications in a timely manner, but in no event later than 30 days from the date of application. Districts must also provide notice of the results of the eligibility determination to the applicant, and the lead organization and/or health plan.

4. Accept Medicaid Managed Care enrollment forms from the facilitators, pending the enrollment until eligibility has been established and managed care enrollment can be completed in the PCP subsystem.

5. Provide prompt feedback to the lead organization on incomplete or incorrect applications, so that problems can be addressed in a timely fashion.

6. Delegate the Medicaid face-to-face interview to the facilitators, or establish procedures which allow the lead organization to act as the authorized representative for the applicant, for purposes of the face-to-face interview with LDSS staff.

   Where the LDSS agrees to delegate the face-to-face interview to a facilitator, the facilitator is responsible for informing the applicant of his/her rights and responsibilities, as required by 18 NYCRR 360-2.2(f). Where the LDSS retains responsibility for the face-to-face interview, interviews with staff from the lead organizations should be scheduled in such a manner that several interviews may be conducted during one appointment.

   The date that the application is completed and signed with the facilitator is considered the date of application for Medicaid purposes. Applications may be signed by the applicant, or anyone the applicant designates to represent him/her in the application process.

   NOTE: If there is a delay in the receipt of a completed application from a lead organization such that the thirty day timeframe for the Medicaid determination is compromised, local districts are advised to document this circumstance in the case record. This will serve to hold the district harmless in the event of an audit or other administrative review.

The lead organizations and the LDSS must describe the above procedures, in writing, and such procedures will be made a part of the lead organization's contract with the Department. These procedures may include any standards of performance and/or quality control measures agreed to by both parties, and actions to be taken by the district to correct performance that does not meet the agreed upon standards.

Children who apply and are found fully eligible for Medicaid through the facilitated enrollment process will be authorized for no less than 12 months of Medicaid coverage, or through the end of the month in which their 19th birthday occurs, whichever is earlier. Upon being notified of the need to recertify eligibility, such children will have the option of recertifying with the LDSS or they may return to the facilitator to recertify, using the DOH-4133. (See Systems Implications for instructions for identification of these cases.)

NOTE: Pregnant women may also apply for Medicaid using the DOH-4133. Generally, such pregnant women are provided coverage only until the end of the 60 day post-partum period and are required to recertify in order for coverage to continue beyond such period. Procedures for authorizing coverage for pregnant women are not changing under the facilitated enrollment process. It is recommended that a separate case be maintained for the pregnant woman in order to ensure recertification at the appropriate time.

It is anticipated that a significant number of adults may be identified as potentially eligible for Medicaid by facilitators. Such individuals cannot complete the application with a facilitator and should be referred by the facilitator to the LDSS to initiate the application process. It is recommended that districts establish procedures to coordinate the processing of such adult applications with the applications received from the lead organizations for their children.

B. Managed Care Implications

Facilitators may be assisting Medicaid applicants in choosing a Medicaid Managed Care plan, when appropriate. In doing so, they will be inquiring about existing provider relationships, in an effort to identify health plans in which a child's current provider participates. The facilitator will be responsible for providing complete and impartial information about all participating insurers, to allow a family to make an informed choice of which plan will meet its needs. A primary goal is to retain the child's current relationship with a primary care provider, if one exists.

Districts must be prepared to assist lead organizations to set up procedures for access to information regarding the most current managed care plan provider network. Where a family has chosen a plan, the enrollment will be forwarded to the LDSS, using the prescribed SDOH enrollment form (DOH-4175 or DOH-4097), along with the DOH-4133. Districts must have a written process in place, approved by the Office of Managed Care,to pend the enrollment until such time as the child is determined eligible for Medicaid. (In New York City, managed care enrollments will be forwarded to Maximus and processed only after Medicaid eligibility has been established.)
Districts' written procedures must include provision for monitoring the education process of the lead organizations to ensure the following:

- In mandatory counties, the education process must ensure the enrollee has sufficient information to make an informed choice and understand the provisions of mandatory enrollment. This may include dissemination by the facilitator of the county's enrollment packet or other educational materials as agreed upon in the lead agency/LDSS protocol.

Note: 1115 counties must make assurances that all terms and conditions mandated by the Health Care Financing Administration will be adhered to.

- In voluntary counties, the education process must ensure informed choice, as well as convey the voluntary nature of the program.

- All counties must have a protocol for follow-up in instances of biased marketing, incomplete, or incorrect information disseminated by facilitators.

In situations when an applicant does not choose a Managed Care plan during the interaction with the facilitator, the district's existing processes for enrolling the individual in a managed care plan upon establishment of eligibility are followed.

C. Transition of Medicaid Eligible Children from CHPlus

Title XXI prohibits Medicaid eligible children from being enrolled in CHPlus. Under the Department's approved Title XXI State Plan, the State is required to ensure efficient and effective coordination between the Medicaid and CHPlus programs. Districts were notified in 98 OMM/ADM-3, "Medicaid Referrals from the Child Health Plus Program," of procedures whereby CHPlus insurers screen families at the time of application and yearly recertification and, where it appears the family income is below the Medicaid standard, refer the family to the LDSS. As an interim process, monthly lists of families so referred have been provided to the districts. Districts were then required to forward Medicaid application packages to each family on the list. With the implementation of facilitated enrollment, these processes will change.

CHPlus plans will identify children who appear to be Medicaid eligible based on the previous year's income. At least 60 days prior to the child's annual recertification for CHPlus, the family will be instructed via a letter from their CHPlus insurer that, unless the family income has increased, the child must apply for Medicaid prior to the recertification due date. Further, the family will be informed that failure to apply for Medicaid will result in disenrollment from CHPlus. The recertification packets will include a list of facilitated enrollment locations and the documentation requirements for Medicaid. Facilitators will complete the Medicaid application process with the family (including the face-to-face interview, when the authority has been delegated by the LDSS), provide information on all available Medicaid Managed Care plans the applicant may choose from, and complete the state-prescribed managed care enrollment form, when appropriate. The application package will then be forwarded to the LDSS for the eligibility determination.

A similar process will be followed for new CHPlus applications mailed directly to CHPlus insurers, when the child appears Medicaid eligible.

Districts are required to provide a copy of the Medicaid decision notice to the facilitator and/or CHPlus insurer. It is necessary for the LDSS to notify the facilitators and the CHPlus insurers of the results of the Medicaid determination, to enable them to follow up with applicants who have not submitted all required documentation and to

disenroll from CHPlus children who have become Medicaid eligible, and children whose families have failed to comply with the application process.

The joint application has a specific consent provision to share applicants' Medicaid status with CHPlus insurers. Districts are permitted to release information to facilitators under the provisions of Social Services Law, Section 136, which allows disclosure to an authorized representative. The lead organizations are under contract with the Department, and are subject to (and have been trained on) the same standards of confidentiality as LDSS staff.

D. Revised DOH-4133

The DOH-4133, "Growing Up Healthy Application," which was provided to districts in 99 OMM/ADM-1, has undergone substantial revisions as a result of recommendations from the pilot sites. These revisions are primarily a reordering of the existing questions. However, there are several notable changes:

- The shelter information includes questions regarding whether the housing payment includes heat, and if not, the type of heat. Completion of these questions is optional on the part of the applicant. However, when answered, it will allow LDSS staff to determine eligibility using Low Income Family (LIF) budgeting. If the questions are not answered, eligibility is determined using the appropriate poverty level budgeting methodology.

- The question requesting information about absent parents has been removed from the application. Instead, applicants will be given information regarding the availability of child support services and the benefits to their children of establishing paternity and/or pursuing cash/medical support from the absent parent.

- Information for non-citizens has been expanded.

The revised DOH-4133 is included in this Directive as Attachment I. It will eventually replace the DSS-2921-P. Local districts should accept both applications until further notice.

E. Revised DOH-4175 and DOH-4097

The DOH-4097, "Medicaid Managed Care Program Enrollment Form" and DOH-4175, "Medicaid Managed Care Enrollment Form (Voluntary Counties)" are the prescribed enrollment forms for use in the Medicaid Managed Care Program in voluntary and mandatory counties. For voluntary counties, use of the DOH-4175 will negate the need for a separate client attestation, as previously required with the plan specific enrollment forms.

V. SYSTEMS IMPLICATIONS:

A. Upstate:

As discussed in Section IV of this directive, children who apply and are found eligible for Medicaid through the facilitated enrollment process will be given the option of recertifying with the LDSS, or with a facilitator, using the DOH-4133. A new recert call in letter and

reason code is under development for the Client Notices System (CNS) which will advise the recipient of the need to recertify, and will include the DOH-4133 and language explaining the recertification process. In order to ensure such cases are appropriately identified, a unique identifier must be entered in the Welfare Management System (WMS) for these cases.

Districts should assign their own identifier. This may be either a unique Unit Identifier or Worker Identifier. Whichever option is used, districts should be aware of the hierarchy of the sort order of the Recertification Report (WINR 4133). Creating a new Unit Identifier will cause all cases with that identifier to appear together, regardless of the worker assigned to the case. Creating a new Worker Identifier will designate facilitated enrollment cases by worker, and integrate these cases into the existing unit to which the worker is assigned. Creation of new Unit/Worker Identifiers requires districts to update their CNS Contact Data, so that the recert call in letter will print the proper Unit/Worker information.

B. New York City:

New York City procedures for identifying cases which enter the agency through facilitated enrollment will be transmitted under separate cover.

VI. EFFECTIVE DATE:

Districts will be notified to begin processing applications from the approved agencies once the contract between the Department and the agency has been signed by both parties and approved by the Office of the State Comptroller.

Kathryn Kuhmerker, Deputy Commissioner
Office of Medicaid Management

ATTACHMENT I

GROWING UP HEALTHY

Health Insurance and Nutrition for Children, Teens and Pregnant Women

Child Health Plus

WIC

GROWING UP HEALTHY

Child Health Plus
Medicaid
WIC

Health Insurance and Nutrition for Children, Teens and Pregnant Women

Health Insurance

Health insurance is available for most uninsured children under age 19 living in New York State under one of two programs: Medicaid or Child Health Plus. Your child may be eligible regardless of how much your family earns or your child's immigration status.

What do Medicaid and Child Health Plus offer?

Both programs cover important medical services such as regular medical check-ups, dental visits, eye exams and eyeglasses, mental health services, prescription drugs, hospital care and much more. Medicaid has an added guarantee of comprehensive primary and preventive care and treatment. Contact your local department of social services for more information.

How do I know what program my child is eligible for?

Children are eligible for either Child Health Plus or Medicaid, but not both. When you turn in this application, your children will be enrolled in the program they are eligible for.

Do I have to pay anything for health insurance?

How much you pay depends on how much your family earns per month. For some families, health insurance is free. Some families have to pay a small monthly amount. If your monthly income is LESS than the amount given for your family size, your child can get health insurance for $15 or less per month. If your monthly income is more than these amounts, your child can get health insurance for a higher cost.

FAMILY SIZE	*MONTHLY INCOME
1	$1,740
2	$2,344
3	$2,948
4	$3,552
5	$4,156
For each additional person add:	$ 604.17

*Effective July 1, 2000. Prior to July 1, income levels are slightly lower.

Will my child be able to see their same doctor?

Probably. Many children will receive their health care through health insurance plans that have their own groups of doctors, hospitals and pharmacies. Before joining a plan, make sure your child's doctor is part of that plan. Other children will get their care outside of health plans. You should talk to your child's doctor about what kind of health insurance they accept.

What do I have to do to enroll?

It's now easier than ever to apply for health insurance. There are a lot of places in your neighborhood where you can bring this application. These places have experienced and friendly staff that are available on weekends and evenings to answer all of your questions and help you apply. Please call 1-800-698-4543 for a list of these places. You can also send this application directly to the health plan(s) you have chosen if you are applying for Child Health Plus.

What is available for pregnant women?

Health insurance is available for pregnant women regardless of their immigration status under the Medicaid and Prenatal Care Assistance Programs (PCAP). Pregnant women who participate in PCAP can receive a wide range of services designed to ensure a healthy pregnancy including prenatal visits, health education, and specialty medical care. Services continue until two months after the pregnancy ends. Family planning services are available for 24 months after the pregnancy ends. After your baby is born, he or she will automatically receive Medicaid for a year.

What is WIC?

WIC is a program to improve the nutrition and health of women, infants and children under age 5. WIC provides families with nutritious food, such as infant formula, milk, juice, cheese, eggs, cereal, dried beans/peas and peanut butter. WIC also gives families nutrition and health education, and refers families to other health services. WIC is free for all eligible families.

DO YOU HAVE QUESTIONS OR NEED HELP COMPLETING THIS FORM?
CALL TOLL-FREE 1-800-698-4543
ALL HELP IS FREE

CONFIDENTIALITY STATEMENT All of the information you provide to us will remain confidential. The only people who will see this information are the state or local agencies and health plans who need to know this information in order to determine if you (the pregnant woman or minor) or your child(ren) are eligible. The person helping you with this application cannot discuss the information with anyone, except a supervisor or the state or local agencies or health plans which need this information.

INSTRUCTIONS

Only children under the age of nineteen and pregnant women can use this application to apply for health insurance and WIC.

PLEASE READ the entire application, instructions and document checklist before you fill out the application. Everyone applying on this application must show three types of documents: proof of identity/age, proof of New York State Residency and proof of current income. Please refer to the documentation checklist for acceptable documents and to determine if any other specific documents are required.

SECTION A:

This section should be completed by a parent, guardian, person applying on behalf of a child(ren) or a pregnant woman.

SECTIONS B1 and B2:

List everyone for whom you are applying for Health Insurance or WIC in this section. Children under 19 should be listed in Section B1 and pregnant women should be listed in Section B2.

- **Relationship to You.** Show how each person is related to you (i.e. self, child/step-child, spouse, other).
- **Which Program is this Person Applying for?**
  On this form, a person can apply for health insurance and for WIC.

  Health Insurance. Each person applying for health insurance will only be enrolled in the program they qualify for, Child Health Plus or Medicaid. Children who are eligible for Medicaid cannot be enrolled in Child Health Plus.
- **Is this a Recertification (B1 only)?** A recertification means that the applying child has had Child Health Plus or Medicaid for the past year, and needs to reapply (or recertify) to stay in the program for another year.
- **Race/Ethnic Group.** This information is optional. It is asked to make sure all people have access to the programs. If you fill out this information, please use one of the codes shown on the application which best describes the person's race or ethnic background.
- **Social Security Number.** A social security number should be provided for children applying for health insurance if it is available. It is not required for pregnant women and people applying for WIC.

SECTION C:

This information helps us determine the size of your family and which program the applicants are eligible for. Please list all non-applying parents, step-parents and spouse (for pregnant women). You may also list any non-applying siblings and children living as part of the household. DO NOT list any other household members. DO NOT list anyone you already listed in Sections B1 or B2.

- **Relationship to the children or pregnant woman.** Show how each person is related to the children or pregnant woman (i.e. parent/step-parent, spouse, sibling).
- **Is this person pregnant?** This information helps us determine the size of your family because a pregnant woman counts as 2 people.

More instructions on back ▶

INSTRUCTIONS

continued

SECTION D:

Health insurance is available to most children in New York State, regardless of how much the family earns. Health insurance may be free for your child. Or you may have to pay a monthly fee based on your family's total income. Please fill out Section D to help us determine your family's total income.

- **Other Types of Money.** These can be disability, dividends or interest, annuities, pensions, rental income, retirement, veteran's benefits, worker's compensation, royalties and others. If there is no money coming into the household, please indicate who is supporting your family. You will need to include a letter from that person with the application confirming that he or she supports your family.
- **Child Care Costs.** Child care costs are how much you pay another person to take care of your child(ren) while you are working or going to school. Some of this amount may be subtracted from your monthly income and will help us determine which program the applicants are eligible for.

SECTION E:

- **Unpaid Medical Bills.** If an applying child or pregnant woman has unpaid or recently paid medical bills from the past 3 months, Medicaid may be able to pay for these. Please turn in copies of the medical bills with this application.
- **Other Health Insurance.** It is important to tell us whether anyone in your household has health insurance, or is covered by someone else's insurance, for several reasons:
  - We will subtract the cost of the health insurance from your income to see which program the applicant(s) are eligible for.
  - It helps us determine, for future medical bills, which insurance should pay first. When a person has another type of insurance besides Medicaid, medical bills will be paid by the other insurance first. Medicaid will usually pay the rest.

To help you answer whether anyone has access to health insurance through a state health benefits plan, the following describes what we mean by:

- **STATE HEALTH BENEFITS PLAN** means a plan that is offered or organized by the State government on behalf of State employees or other public agency employees within the State.
- **PUBLIC AGENCY** means any agency of the State, county, city or other type of municipal agency including workers with whom the State contracts. This definition includes public school districts, transportation districts and irrigation districts.

SECTION F:

Your child may be eligible for health insurance regardless of immigration status. The Immigration and Naturalization Service (INS) has said that enrollment in Child Health Plus or Medicaid CANNOT affect your or your child's ability to get a green card, become a citizen, sponsor a family member or travel in and out of the country (except if Medicaid pays for long-term care in a place like a nursing home or psychiatric hospital). The State will not report any information on this application to the INS.

SECTION G:

Once enrolled in a managed care plan, you must use the doctors and hospitals under that plan. If you want to keep the same doctor you have now, you need to join a managed care plan (s) that your doctor belongs to. If you want to pick a new doctor or to get the code for a doctor or health center, call the selected plan for help.

SECTIONS H and I:

Please sign and date both sections.

Medicaid

Child Health Plus

WIC

State of New York **George E. Pataki, Governor**

GROWING UP HEALTHY

Health Insurance and Nutrition for Children, Teens and Pregnant Women
Child Health Plus, Medicaid and WIC

PLEASE READ the entire application and INSTRUCTIONS before you fill it out.

Print clearly in blue or black ink. If you need more room for any section, attach the Additional Information page.

Section A Please tell us who you are and how to contact you.

NAME First	Middle Initial	Last

Please give us a number where you can be reached, if we need to contact you for more information:	Phone #	Another Phone #	Primary Language Spoken

HOME ADDRESS of the child(ren), teens under age 19, or pregnant woman applying for health insurance or WIC

Street	Apt#

City	State	Zip Code	County

MAILING ADDRESS if different than the Home Address

Street	Apt#

City	State	Zip Code	County

You do not have to provide the following information.
However, if you do, an applying pregnant woman or the applying child(ren) or teens may be able to have their Medicaid benefits continued if their household income increases at some time in the future and they no longer qualify for Medicaid.

Monthly housing payment	**Type of heat** (gas, oil, etc.)	**Is heat included in your housing payment?**
$		☐ Yes ☐ No

Section B1 Please tell us about the children and teens under age 19 for whom you are applying.

CHILD'S NAME First, Middle Initial, Last	**Date of Birth**	**Sex**	**Relationship to you**	**Race/ Ethnic Group**	**Which program is this person applying for?**	**Is this a recertification?**	**Social Security Number** (if available)
01		☐ M ☐ F	☐ Self ☐ Child/Stepchild ☐ Other ____		☐ Health Insurance ☐ WIC	☐ Yes, Medicaid ☐ Yes, CHPlus ☐ No	
02		☐ M ☐ F	☐ Self ☐ Child/Stepchild ☐ Other ____		☐ Health Insurance ☐ WIC	☐ Yes, Medicaid ☐ Yes, CHPlus ☐ No	
03		☐ M ☐ F	☐ Self ☐ Child/Stepchild ☐ Other ____		☐ Health Insurance ☐ WIC	☐ Yes, Medicaid ☐ Yes, CHPlus ☐ No	
04		☐ M ☐ F	☐ Self ☐ Child/Stepchild ☐ Other ____		☐ Health Insurance ☐ WIC	☐ Yes, Medicaid ☐ Yes, CHPlus ☐ No	

Race/Ethnic Affiliation Codes: *(optional)*

B – Black or African American
A – Asian
W – White
I – American Indian or Alaskan Native
H – Hispanic or Latino—Native Hawaiian or other Pacific Islander
U – Unknown

Section B2 Please tell us about the pregnant woman who is applying.

NAME First	MI	Last	Include maiden name, if any	Date of Birth

Relationship to you	Race/Ethnic Group *(Optional)*	Which program(s) is this person applying for?
❑ Self ❑ Spouse ❑ Other______		❑ Health Insurance ❑ WIC

Section C Please tell us about the parents and step-parents (and spouse for pregnant women) living with the applicant. You may also include non-applying siblings and children.

Do *not* include anyone that you already listed in Section B.

NAME First, Middle Initial, Last	Include Maiden Name, if any	Relationship to applying children or pregnant woman	Is this person pregnant?
		Child 1 ❑ Parent/Step-parent ❑ Sibling Child 2 ❑ Parent/Step-parent ❑ Sibling Child 3 ❑ Parent/Step-parent ❑ Sibling Child 4 ❑ Parent/Step-parent ❑ Sibling Pregnant Woman ❑ Spouse ❑ Child	❑ Yes ❑ No
		Child 1 ❑ Parent/Step-parent ❑ Sibling Child 2 ❑ Parent/Step-parent ❑ Sibling Child 3 ❑ Parent/Step-parent ❑ Sibling Child 4 ❑ Parent/Step-parent ❑ Sibling Pregnant Woman ❑ Spouse ❑ Child	❑ Yes ❑ No
		Child 1 ❑ Parent/Step-parent ❑ Sibling Child 2 ❑ Parent/Step-parent ❑ Sibling Child 3 ❑ Parent/Step-parent ❑ Sibling Child 4 ❑ Parent/Step-parent ❑ Sibling Pregnant Woman ❑ Spouse ❑ Child	❑ Yes ❑ No
		Child 1 ❑ Parent/Step-parent ❑ Sibling Child 2 ❑ Parent/Step-parent ❑ Sibling Child 3 ❑ Parent/Step-parent ❑ Sibling Child 4 ❑ Parent/Step-parent ❑ Sibling Pregnant Woman ❑ Spouse ❑ Child	❑ Yes ❑ No

Section D Please list the types of money and amount received by anyone listed in B1, B2 and C.

NAME OF PERSON Who works for or receives this money?	What type of income is it?	How much does this person get? (Give amount before taxes.)	How often?
First ,Middle Initial, Last	❑ Wages or Salary ❑ Social Security/SSI ❑ Self Employment ❑ Child Support/Alimony ❑ Unemployment Benefits ❑ Other (Be Specific)		❑ Weekly ❑ Every 2 weeks ❑ Monthly ❑ Annually ❑ Other
First, Middle Initial, Last	❑ Wages or Salary ❑ Social Security/SSI ❑ Self Employment ❑ Child Support/Alimony ❑ Unemployment Benefits ❑ Other (Be Specific)		❑ Weekly ❑ Every 2 weeks ❑ Monthly ❑ Annually ❑ Other
First, Middle Initial, Last	❑ Wages or Salary ❑ Social Security/SSI ❑ Self Employment ❑ Child Support/Alimony ❑ Unemployment Benefits ❑ Other (Be Specific)		❑ Weekly ❑ Every 2 weeks ❑ Monthly ❑ Annually ❑ Other
First, Middle Initial, Last	❑ Wages or Salary ❑ Social Security/SSI ❑ Self Employment ❑ Child Support/Alimony ❑ Unemployment Benefits ❑ Other (Be Specific)		❑ Weekly ❑ Every 2 weeks ❑ Monthly ❑ Annually ❑ Other

Do you pay for child care for your children?	If Yes, how much?	How often? (Weekly, every 2 weeks, monthly, etc.)	OFFICE USE ONLY Total Monthly Income
❑ Yes ❑ No	$		$

Section E Health Insurance

Does anyone who is applying for health insurance have unpaid or recently paid medical bills from the past 3 months?
(Medicaid may be able to pay.) ☐ Yes ☐ No

Is anyone in the household a veteran? ☐ Yes ☐ No	**If Yes, Name:**

Does the applying child(ren), or the parents of the child(ren) or the applying pregnant woman have health insurance?
(including Child Health Plus, Medicaid, CHAMPUS and CHAMPVA)? ☐ Yes ☐ No

Name of Policy Holder

Insurance Company Name	**Group/Policy#/CIN#**	**Monthly Cost** $

Person(s) Covered

Is the parent or family member a public employee who can get family coverage through a state health benefits plan? ☐ Yes ☐ No

If Yes, does the public agency where that person works pay all or part of the cost of this health plan? ☐ Yes ☐ No

PAST HEALTH INSURANCE:
Your answers to these questions will help us understand the reasons why people change their health insurance.

1. Has your child(ren) had any type of health insurance, other than Child Health Plus or Medicaid, in the past 6 months?
If no, skip to Section F. ☐ Yes ☐ No

2. Was the health insurance that your child(ren) had through an employer? ☐ Yes ☐ No

3. Why does your child(ren) no longer have that insurance? *(CHECK ONLY ONE)*

- ☐ The employer stopped offering health insurance.
- ☐ The employer stopped offering health insurance for my child(ren) or stopped paying for health insurance for my child(ren), but continued to cover the working parent.
- ☐ The cost of the health insurance went up and I could not afford it anymore.
- ☐ Child Health Plus costs less than the insurance my child(ren) used to have.
- ☐ Child Health Plus offers better benefits than the insurance my child(ren) used to have.
- ☐ I am no longer working for the employer where my child(ren) had the health insurance.

Section F: [FOR CHILDREN & TEENS ONLY; NOT FOR APPLYING PREGNANT WOMEN AND WIC APPLICANTS]

Are all your children who are applying U.S. citizens?
If yes, skip to Section G. ☐ Yes ☐ No

Only if NO, please give us the following information for your children who are not U.S. citizens.
Your child may be eligible for health insurance regardless of immigration status.

CHILD'S NAME First	**CHILD'S NAME Last**	**Does your child belong to any of the categories listed below?**
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Check "yes" if your child belongs to one of the following categories:

- Child of a veteran or Active Duty Member
- Asylee
- Cuban/Haitian Entrant
- Native American born in Canada who is at least 50% Native American
- Refugee
- Granted Withholding of Deportation
- Amerasian

Check "yes" if your child belongs to one of the following categories and arrived in the United States before 8/22/96. If your child arrived after 8/22/96, check "yes" if your child has had this immigration category for five years or more.

- Legal Permanent Resident (green card holder)
- Conditional Entrant
- Paroled into the U.S. for at least 1 year
- Some battered immigrants and/or children

Section G: Managed Care Plan Selection for Child Health Plus

All children found eligible for Child Health Plus must join a **managed care plan** to receive their health services.
In this section you should choose the managed care plan and doctor you want in case your children are found eligible for Child Health Plus.

Managed Care Plan Chosen:

Name of Applying Person:	Doctor/Health Center Chosen:	Doctor/Health Center Code: *(optional)*	Dentist Chosen:
Name of Applying Person:	Doctor/Health Center Chosen:	Doctor/Health Center Code: *(optional)*	Dentist Chosen:
Name of Applying Person:	Doctor/Health Center Chosen:	Doctor/Health Center Code: *(optional)*	Dentist Chosen:
Name of Applying Person:	Doctor/Health Center Chosen:	Doctor/Health Center Code: *(optional)*	Dentist Chosen:
Name of Applying Person:	Doctor/Health Center Chosen:	Doctor/Health Center Code: *(optional)*	Dentist Chosen:

Section H:

I agree to having the information on this application shared only among the Child Health Plus, Medicaid, and WIC programs, the health plans indicated in Section G, the local social services district, and the facilitated enrollment organization providing the application assistance. I also consent to sharing this information with any school-based health center that provides services to the applicant(s). I understand this information is being shared for the purpose of determining the eligibility of those individuals applying to Child Health Plus, Medicaid, and/or WIC, or to evaluate the success of these programs.

DATE SIGNATURE

Section I:

I agree that any licensed doctor, hospital, or other health care provider may give my Health Plan information about medical services enrolled members of my family have received, as requested, and to such an extent as may be reasonable and necessary for the operation and regulation of the Plan. This information will be kept confidential.

By signing this application, I understand that each person applying for Child Health Plus, Medicaid, and/or WIC will be enrolled in the appropriate program, if eligible. I have also read and understand the Terms, Rights and Responsibilities included in this application booklet. I certify under penalty of perjury that everything on this application is the truth as best I know.

DATE SIGNATURE

GROWING UP HEALTHY

Documentation Checklist for Children, Teens and Pregnant Women

Applicant's Name: (Adult)

Information Due By:

Applicant's Address:

Return Information To:

Applicant's Phone:
( )

You must show one of the following documents to see if you are eligible for either Child Health Plus (CHPlus), Medicaid (MA), and/or WIC. Discuss this with the person helping you with your application. Photocopies are acceptable.

☐ IDENTITY/DATE OF BIRTH

- ☐ Photo identification
- ☐ U.S. Passport *
- ☐ Birth certificate *
- ☐ Baptismal/other religious certificate *
- ☐ School records
- ☐ Adoption records
- ☐ Hospital/doctor records *
- ☐ Naturalization certificate *
- ☐ Other_____

☐ RESIDENCY

- ☐ ID card with address/postmarked envelope/postcard/magazine label
- ☐ Driver's license
- ☐ Utility bill/bank statement/phone book listing/ correspondence with another agency
- ☐ Letter/lease/rent receipt with home address from landlord

PROOF OF CURRENT INCOME: Need a letter, written statement, or copy of check or stub, from employer, person or agency providing income. Submit all that apply.

☐ Wages and Salary

- ☐ Paycheck stubs
- ☐ Letter from employer
- ☐ Income tax return
- ☐ Business records

☐ Self-Employment

- ☐ Income tax return
- ☐ Records of earnings & expenses

☐ Unemployment Benefits

- ☐ Award letter/certificate
- ☐ Benefit check
- ☐ Correspondence from NYS Dept. of Labor

☐ Social Security/SSI

- ☐ Award letter/certificate
- ☐ Benefit check
- ☐ Correspondence from Social Security Administration

☐ Child Support/Alimony

- ☐ Letter from person providing support
- ☐ Letter from court
- ☐ Child support/alimony check stub

☐ Worker's Compensation

- ☐ Award letter
- ☐ Check stub

☐ Income from Rent or Room/Board

- ☐ Letter from roomer, boarder, tenant
- ☐ Check stub

☐ Military Pay

- ☐ Award letter
- ☐ Check stub

☐ Veteran's Benefits

- ☐ Award letter
- ☐ Benefit check stub
- ☐ Correspondence from Veterans Administration

☐ Interest/Dividends/Royalties

- ☐ Letter from bank or credit union
- ☐ Letter from broker
- ☐ Letter from agent

☐ Private Pensions/Annuities

- ☐ Statement from pension/annuity

GROWING UP HEALTHY

Documentation Checklist for Children, Teens and Pregnant Women

DEPENDENT CARE COSTS:

- ☐ Written statement from day care center or other child care provider
- ☐ Canceled checks or receipts

PROOF OF HEALTH INSURANCE:

- ☐ Insurance policy
- ☐ Certificate of Insurance
- ☐ Insurance card
- ☐ Other _____

CHILD APPLYING FOR MEDICAID ONLY

- ☐ **Social Security Number**
  - ☐ Social security card
  - ☐ Application for Social Security # (SS-5)
  - ☐ Correspondence from Social Security
- ☐ **Citizenship and Alien Status**
  - ☐ INS documentation
  - ☐ One of the items marked (*) in Identity/Date of Birth section on page 1
  - ☐ Other _____

PREGNANT WOMAN ONLY

- ☐ **Proof of Pregnancy**
  - ☐ Presumptive Eligibility Screening Worksheet completed by qualified provider
  - ☐ Statement from medical professional with expected date of delivery
  - ☐ WIC Medical Referral Form

CHILD APPLYING FOR CHPLUS ONLY

Noncitizen children who belong to one on the categories in Section F should submit associated documentation

- ☐ INS documentation
- ☐ Other _____

FACILITATED ENROLLMENT CONTACTS

GEOGRAPHIC REGION	LEAD AGENCY
No. Brooklyn (Kings Co.)	Ridgewood-Bushwick Senior Citizens
Staten Island (Richmond Co.)	Staten Island JCC
So. Queens (Queens Co.)	South Queens Park Association
No. Queens (Queens Co.)	Center for Children & Families
Lower Manhattan (NY County)	Children's Aid Society
Upper Manhattan (NY County)	Alianza Dominicana
Southern Brooklyn (Kings Co.)	Metro NY Coord. Council
No. Brooklyn (Kings Co.)	Northern Brooklyn Coalition Child Health Access Mobilization Project
No. Bronx (Bronx Co.)	New York Medical Group
S. Manhattan/Bronx (Bronx Co.)	Hispanic Federation
Queens -- Rockaways (Queens Co.)	Jos P Addabbo Family Hlth. Center
Bronx (Bronx Co.)	Bronx Perinatal Consortium
Westchester Co.	Westchester Co. DOH
Suffolk County	Long Island Health & Welfare Association
Nassau County	Nassau-Suffolk Hospital Council
Orange, Sullivan, Ulster, Dutchess & Putnam Counties	Maternal Infant Services Network of Orange, Sullivan & Ulster Co.
Rockland County	Rockland County DOH
Albany, Schenectady, Rensselaer, Columbia & Green Counties	The Healthy Capital District Initiative

GEOGRAPHIC REGION	LEAD AGENCY
Fulton, Hamilton & Montgomery Counties	Fulton Montgomery CHP & Medicaid Consortium
Saratoga, Warren & Washington Counties	Saratoga Care
Essex, Clinton, Franklin, Jefferson, Lewis & St. Lawrence Counties	No. Country Prenatal/Perinatal Council
St. Regis Mohawk Reservation (Franklin & St. Lawrence Co.)	St. Regis Mohawk Health Services
Oswego County	Oswego County Opportunities
Erie, Niagara, Cattaraugus & Chautauqua Counties	Western NY Health Care Assoc.
Orleans, Genesee & Wyoming Counties	Lake Plains Community Care Network
Allegany, Cattarugus, Chatauqua & Erie Counties	Seneca Nation of Indians Health Dept.
Oneida, Herkimer & Madison Counties	Mohawk Valley Perinatal Network
Onondaga	Onondaga Child Health Coalition
Broome, Chenango, Delaware, Otsego, Schoharie, Tioga & Tompkins	Mothers & Babies of SCNY
Schuyler, Steuben, Allegany, Yates, Ontario, Seneca & Wayne	Yates County Rural Health Network
Cayuga	Cayuga County Dept. of Health & Human Services
Cortland	Cortland County DOH
Chemung	Chemung County DSS
Monroe & Livingston	Monroe County Health Dept.