

SECTION THREE

CASE PROCESSING

General Principles

General Principles

- Use the application, documentation, and verification procedures established by TDSHS or a less restrictive application, documentation, or verification procedure.
 - Issue Form 100 to the applicant or his representative on the same date that the request is received.
 - Accept an identifiable application.
 - Assist the applicant with accurately completing the Form 100 and getting all needed verifications and information if the applicant requests help in completing the application process. Anyone who helps fill out the Form 100 must sign and date it.
 - If the applicant is incompetent, incapacitated, or deceased, someone acting responsibly for the client (a representative) may represent the applicant in the application and the review process, including signing and dating the Form 100 on the applicant's behalf. This representative must be knowledgeable about the applicant and his household. Document the specific reason for designating this representative.
 - Determine eligibility based on residence, household, resources, and income.
 - Allow at least 14 days for requested information to be provided, unless the household agrees to a shorter timeframe, when issuing Form 103.
 - Use any information received from the provider of service when making the eligibility determination; but counties, public hospitals, and hospital districts may require further eligibility information from the potentially eligible resident if necessary.
 - The date that a complete application is received is the application completion date, which counts as Day 0.
 - Determine eligibility not later than the 14th day after the application completion date. If eligibility is not determined within this 14-day period, the applicant is considered to be eligible and the provider must be notified.
 - Issue written notice, namely, Form 109 or Form 117, of the county's decision. If the county denies health care assistance, the written notice shall include the reason for the denial and an explanation of the procedure for appealing the denial.
 - Review each eligible case record at least once every six months.
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General Principles (continued)

General Principles
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- Use the “Prudent Person Principle” in situations where there are unusual circumstances in which an applicant’s statement must be accepted as proof if there is a reasonable explanation why documentary evidence or a collateral contact is not available and the applicant’s statement does not contradict other client statements or other information received by staff.
 - Current eligibility continues until a change resulting in ineligibility occurs and a Form 117 is issued to the household.
 - Consult the county’s legal counsel to develop procedures regarding disclosure of information.
 - The applicant has the right to:
 - Have his application considered without regard to race, color, religion, creed, national origin, age, sex, disability, or political belief;
 - Request a review of the decision made on his application or re-certification for health care assistance; and
 - Request, orally or in writing, a fair hearing about actions affecting receipt or termination of health care assistance.
 - The applicant is responsible for:
 - Completing the Form 100 accurately.
 - Signing and dating the Form 100.
 - Providing all needed information requested by staff. If information is not available or is not sufficient, the applicant may designate a collateral contact for the information. A collateral contact could be any objective third party who can provide reliable information. A collateral contact does not need to be separately and specifically designated if that source is named either on Form 100 or during the interview.
 - Reporting changes, which affect eligibility, within 14 days after the date that the change actually occurred.
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Processing an Application (continued)

Steps for Processing an Application

- **Accept the identifiable application.**
- **Determine if an interview is needed.**
- **Interview.**
- **Check information.**
- **Request needed information.**
- **Determine eligibility.**
- **Issue the appropriate form.**

Step 1 **Accept the identifiable application.** On the Form 100, Application for Health Care Assistance, document the date that the identifiable Form 100 is received. This is the application file date.

Step 2 **Determine if an interview is needed.** Eligibility may be determined without interviewing the applicant if all questions on the Form 100 are answered and all additional information has been provided.

Step 3 **Interview** the applicant or his representative face-to-face or by telephone if an interview is necessary. If an interview appointment is scheduled, issue Form 102, Appointment Notice, including the date, time, and place of the interview. If the applicant fails to keep the appointment, reschedule the appointment, if requested, or follow the Denial Decision procedure in Step 8.

Step 4 **Check** that all information is complete, consistent, and sufficient to make an eligibility determination.

Step 5 **Request needed information** pertaining to the four eligibility criteria, namely, residence, household, resources, and income.

Decision Pended. If eligibility cannot be determined because components that pertain to the eligibility criteria are missing, issue Form 103, Request for Information, listing additional information that needs to be provided as well as listing the due date by which the additional information is needed. If the requested information is not provided by the due date, follow the Denial Decision procedure in Step 8. If the requested information is provided by the due date, proceed with Step 6.

- Decision Pended for an SSI Applicant. If eligibility cannot be determined because the person is also an SSI applicant, issue Form 103, Request for Information, listing additional information that needs to be provided, including the SSI decision, as well as listing the date by which the additional information is needed. If the SSI application is denied for eligibility requirements, proceed with Step 6 whether or not the SSI denial is appealed.

Processing an Application (continued)

Step 6 **Repeat** Steps 4 and 5 as necessary.

Step 7 **Determine eligibility** based on the four eligibility criteria.

Document information in the case record to support the decision.

Step 8 **Issue the appropriate form**, namely, Form 117 or Form 109.

Denial Decision. If any one of the eligibility criteria is not met, the applicant is ineligible. Issue Form 117, Notice of Ineligibility, including the reason for denial, the effective date of the denial, if applicable, and an explanation of the procedure for appealing the denial.

Reasons for denial include but are not limited to:

- Not a resident of the county,
- A recipient of Medicaid,
- Resources exceed the resource limit,
- Income exceeds the income limit,
- Failed to keep an appointment,
- Failed to provide information requested,
- Failed to return the review application,
- Failed to comply with requirements to obtain other assistance, or
- Voluntarily withdrew.

Eligible Decision. If all eligibility criteria are met, the applicant is eligible.

Determine the applicant's Eligibility Effective Date. Current eligibility begins on the first calendar day in the month that an identifiable application is filed or the earliest, subsequent month in which all eligibility criteria are met. (Exception: Eligibility effective date for a new county resident begins the date the applicant is considered a county resident. For example, if the applicant meets all four eligibility criteria, but doesn't move to the county until the 15th of the month, the eligibility effective date will be the 15th of the month, not the first calendar day in the month that an identifiable application is filed.)

The applicant may be retroactively eligible in any of the three calendar months before the month the identifiable application is received if all eligibility criteria are met.

Issue Form 109, Notice of Eligibility, including the Eligibility Effective Date.

Denial Decision Disputes

Responses Regarding a Denial Decision

If a denial decision is disputed by the household, the following may occur:

- The household may submit another application to have their eligibility re-determined,
 - The household may appeal the denial, or
 - The county may choose to re-open a denied application.
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Eligibility Dispute

- If a provider of assistance and a governmental entity or hospital district cannot agree on a household's eligibility for assistance, the provider or the governmental entity or hospital district may submit a Form 106, Eligibility Dispute Resolution Request, within 90 days of the date that the eligibility determination is issued.
 - TDSHS initiates the resolution process by notifying the appropriate entities and requesting any necessary information. TDSHS will make a decision within 45 days.
 - An appeal may be submitted in writing within 30 days.
 - TDSHS shall issue a final decision within 45 days after the date on which the appeal is filed.
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Employment Services Program

- Reference the CIHCP Handbook, Section One, Program Administration, Page 3.
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Case Record Maintenance

Case Record Review

Issue the household Form 100. Follow the “Steps for Processing an Application,” beginning with Step 2.

Case Record Filing

Documents relating to eligibility and claim payments may be kept in the same case record or in separate case records. Case record documents may be kept in the order of the chart below.

Left Side of Case Record or Claim Payment Record	Right Side of Case Record or Eligibility Record
<p>From top to bottom:</p> <ul style="list-style-type: none"> • Form 104 for current state fiscal year • Claims for current fiscal year • Divider • Form 113, if applicable • Divider • Form 104 for previous state fiscal years • Claims for previous state fiscal years 	<p>From top to bottom:</p> <ul style="list-style-type: none"> • Current Form 109 or 117 • Current Form 100 • Current Form 101 • Current Form 102, if applicable • Current Form 103 • Current verifications • Current miscellaneous documents • Divider • Retired Documents

Changes

Changes are situations that occur in a household that may affect the eligibility of the household.

Follow the “Steps for Processing an Application,” beginning with Step 4, to determine the effect of the change on the household’s eligibility.

If a change results in the household’s ineligibility, the eligibility end date is the date that Form 117, Notice of Ineligibility, is issued to the household.