

0308 Cooperation Requirements

0308.01 Applicability

REV: June 2014

Unless otherwise stipulated herein, the provisions in this section do not apply to the individuals and families in the Medicaid Affordable Care Coverage (MACC) Groups identified in MCAR section 1301 that take effect on January 1, 2014. The rule governing the application process for the Medicaid affordable coverage groups included in section 1301 are located in MCAR section 1303.

0308.05 Applicant Required to Cooperate

REV: October 2013

As a condition of eligibility, the Medicaid applicant must meet certain cooperation requirements. These requirements include:

- Providing the information needed for an eligibility determination;
- Assignment of rights to medical support or other third party payments for medical care to the state;
- Cooperating in establishing paternity and obtaining support (an exception exists for pregnant women with no other children, pregnant women are not required to cooperate with Child Support Enforcement until the birth of the child);
- Cooperating in identifying and providing third party liability information;
- Making resources available and utilizing resources;
- Cooperating in Quality Control procedures;
- Enrollment in cost effective employer-sponsored health insurance through the RIte Share Premium Assistance Program (Section 1312).

0308.10 Assignment of Rights

REV: October 2013

By applying for Medicaid, the applicant makes an assignment of his/her rights to any medical support available under an order of a court or an administrative agency to the state. The applicant also assigns to the EOHHS any third party payments for medical care and payments for any other individual eligible under the Medicaid State Plan for whom he/she has the legal authority under State law to make an assignment. This assignment is automatic under State law upon an applicant's filing for Medicaid.

0308.10.05 Cooperation in Establishing Paternity & Obtaining Support

REV: October 2013

Except for poverty level pregnant women, the applicant must cooperate in establishing the paternity of a child born out of wedlock for whom the applicant can legally assign rights and in obtaining

medical care support and medical care payments for himself/herself, as well as for any other person for whom the individual can legally assign rights.

0308.10.10 Cooperation in Identifying & Providing Third Party Liability (TPL) Information

REV: October 2013

The applicant must cooperate in identifying and providing information to assist the EOHHS and Department of Human Services in pursuing any third party which may be liable to pay for care and services available under the plan. Individuals are not required to pursue collections themselves; pursuit is the responsibility of the provider or the State.

As part of this cooperative relationship, the agency may require an individual to:

- Appear at a State or local office designated by the agency to provide information or evidence relevant to the case;
- Appear as a witness at a court or other proceeding;
- Provide information, or attest to lack of information, under penalty of perjury;
- Pay to the agency any support or medical care funds received that are covered by the assignment of rights; and
- Take any other reasonable steps to assist in establishing paternity and securing medical support and payments and in identifying and providing information to assist the State in pursuing any liable third party.

0308.15 Requirement to Utilize Resources

REV: 06/1994

Clients are required, as a condition of eligibility, to take all reasonable actions to make income/resources available to meet needs. A reasonable action is one that will likely result in more financial benefit accruing to a household than the cost of obtaining the benefit. Reasonable actions also include the requirement to file applications for other benefits to which the individual is entitled. The individual must make a good faith effort to bring the resources or income into a state of availability.

The actions which may be required of clients to make income/resources available include, but are not limited to:

- Formal written requests to other joint owners to sell otherwise liquidate jointly held property;
- Formal written requests to guardians, trustees, etc. to make resources or income available from estates, trusts, settlements, etc.;
- Retention of counsel to petition a court to adjudicate any monetary or property claim which the client may have against any person;

- Periodically (at least quarterly) report to the agency on the progress being made toward making the resource or income available for use. For eligibility to continue to exist, the client must continue to show a good faith effort to obtain resources or income.

0308.15.05 District Office Procedures When Unavailable

REV: October 2013

District Office staff must identify sources of income or resources which are not currently available to the client. If the income or resource would, in addition to other income or resources, render the case ineligible, further action is needed.

Staff must obtain all available documentation regarding the item, and refer the case to the Chief Supervisor or Regional Manager (or the Administrator of Long Term Care or his/her designee) for determination as to the availability of the resource or income.

Copies of all relevant documents relating to the resource, such as trust documents, settlement agreements, account agreements and statements, deeds, etc. should accompany the referral memo.

The Office of Legal Counsel is available to assist the Regional Manager in the determination of the current availability of the income or resource. The Regional Manager or LTC Administrator, in consultation with the Office of Legal Counsel, determines the action(s) that the client must take to make the income or resources available, and the time frame for taking the action(s).

If the income or resource in question is determined to be unavailable and the client agrees to take the action prescribed by the Office of Legal Counsel, the resource is not countable.

Eligibility exists if the case is otherwise eligible. It is the responsibility of the District Office staff to track and review such cases to assure that the client takes the required actions in a timely manner, and that any periodic reporting requirement is met.

Periodic reports, if required, are forwarded to the Office of Legal Counsel for review to assure that continuing eligibility exists.

0308.20 Applicant's Pursuit of Other Benefits

REV: 06/1994

It is important to assess the other benefit programs available to help those in need. These may be programs for which an individual is eligible based on his or her own activities or based on indirect qualification through family circumstances.

0308.20.05 Availability of Other Program Benefits

REV: October 2013

Other program benefits for which an individual must file, upon written notification, include annuities, pensions, RSDI benefits (e.g., retirement, disability, widows, parents' benefits), and payments similar to those discussed below. These benefits have the following characteristics in common:

- They require an application or similar action;

- They have conditions for eligibility;
- They make payments on an ongoing or one-time basis; and
- They are sources of income that increase countable income.

The client must file for benefits which will increase his/her countable resources or income. Such benefits include:

- RSDI Benefits;
- Veterans' Pension and Compensation Payments;
- Workers' Compensation Payments;
- Pensions;
- Unemployment Insurance Benefits;
- Temporary Disability Benefits; and
- Earned Income Tax Credits (EITC).

The client is not required to file for benefits that are welfare payments based on need, or for benefits that will not increase his/her countable income or resources. Such benefits are:

- RI WORKS;
- General Public Assistance;
- Bureau of Indian Affairs General Assistance; and
- Other Federal, State, local or private programs whose payments are disregarded in the determination of eligibility.

0308.20.10 Requirement to Pursue Other Benefits

REV: October 2013

A client cannot be eligible for Medicaid benefits if (s)he is advised in a written, dated notice, of potential eligibility for other benefits; and (s)he does not take all appropriate steps to file for and, if eligible, obtain any such payments within 30 days of receipt of such notice.

A client must take all appropriate steps to pursue eligibility for other benefits. If the type of benefit for which a claimant/recipient must file offers a choice about the method of payment, the client must file for all benefits payable in the highest amount available.

Taking appropriate steps includes:

- Applying for the benefit; and
- Providing the other benefit source with necessary information to determine eligibility for the benefit.

Where a client files for the other benefit but does not pursue the claim, he/she is not eligible for Medicaid.

A client is not required to pursue a claim for other program benefits through the appeals process.

0308.20.15 Good Cause for Not Pursuing Other Benefits

REV: October 2013

An individual is eligible for Medicaid despite failure to apply for other benefits within the 30-day period or take other necessary steps to obtain them if there is good cause for not doing so. For example, there is good cause if:

- The individual is unable to file for other benefits because of illness; or
- It would be useless to apply because the other program has already turned down the individual for reasons that have not changed.

0308.21 Severability

If any provisions of these regulations or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of these regulations which can be given effect, and to this end the provisions of these regulations are declared to be severable.