

**H-550 PHASE IV LaCHIP (SCHIP)****H-560 GENERAL INFORMATION**

Effective May 1, 2007, the Louisiana Department of Health and Hospitals implemented an expansion of the State Child Health Insurance Program (SCHIP) to provide prenatal care services, from conception to birth, for low income uninsured mothers who are not otherwise eligible for other Medicaid programs, including CHAMP PW benefits. This program, Phase IV LaCHIP, expands coverage to non-citizen women who are not qualified for other Medicaid programs due to citizenship status only.

**Note:**

Applicants who do not meet the income or insurance requirements for Phase IV LaCHIP or who have given birth before date of application may be eligible for Emergency Medical Services (EMS). Non-immigrants not eligible for any Medicaid program as listed in I-316 can be considered for Phase IV LaCHIP but remain ineligible for EMS.

This program is for non-citizens only. The following individuals may not be certified in this program:

- A U. S. citizen who does not have satisfactory documentation of their citizenship.
- A qualified alien not subject to the five year bar as described in I-313.

**H-570 ELIGIBILITY DETERMINATION PROCESS**

Determine eligibility by applying the following criteria. The elements have been listed in the most logical order, but work on all steps simultaneously.

**H-570.1 Determine Assistance/Benefit Unit**

The assistance/benefit unit consists of the pregnant woman.

**H-570.2 Establish Categorical Requirement**

A Phase IV LaCHIP pregnant woman must be pregnant for each month of eligibility. If birth has occurred before application date, the applicant is not eligible for Phase IV LaCHIP. Consider these applicants for Emergency Medical Services (EMS) eligibility and the child for deemed eligible. If

application is received before birth but eligibility determination is not made until after the birth, do an open/close LaCHIP Phase IV certification. Notice of decision serves as the required adequate notice.

### **H-570.3 Establish Non - Financial Eligibility**

Verify eligibility for each member of the assistance/benefit unit with regard to the following factors:

- Assignment of Third Party Rights I-200
- Citizenship/Alien Status I-300
- Enumeration I-600
- Residence I-1900
- Creditable Health Coverage I-2200

For Phase IV LaCHIP, Citizenship/Alien Status verification and enumeration are not eligibility requirements. Attempt to obtain and document any information the applicant can offer for herself and income unit members.

Applicants must be uninsured at the time of application. Applicants are considered to be uninsured if they do not have creditable health insurance that provides coverage of prenatal care services.

For Phase IV LaCHIP an applicant cannot have nor have access to a state employee health benefits plan that covers prenatal services. A state employee health benefits plan is a plan that is offered or organized by the state government, or on behalf of state employees, or other public agency for employees within the state.

### **H-570.4 Establish Need**

#### **A. Determine Composition of the Income Unit**

The Phase IV LaCHIP income unit includes the following persons who live in the home:

- pregnant woman,
- pregnant woman's husband,
- unborn(s),

- unborn's siblings not excluded by the pregnant woman. (The income unit also includes siblings who are 18 years old and will graduate from high school prior to their 19<sup>th</sup> birthday),

**Note:**

Do not include the non-legal father of the unborn in the income standard. Do not include the income of the non-legal father of the unborn. Count any direct contributions he makes to the pregnant woman as unearned income.

Do not include a military father who does not live in the home. Count only direct contributions or allotments.

Include sanctioned individuals in the income unit, but do not include their needs in determining the income standard.

Do not include the income of parents or siblings of Pregnant Unmarried Minor's (PUM) or pregnant Minor Unmarried Mother's (MUM) when determining Medicaid eligibility for a pregnant MUM or PUM.

Refer to H-100.3, Assistance/Benefit Unit - Optional Exclusions, for persons living in the home who may be optionally excluded.

**B. Determine Need/Countable Income**

Step 1. Determine the income unit.

Step 2. Determine total gross earnings for each member of the income unit.

Step 3. Subtract the following deductions/exemptions from each members' gross earnings (Refer to I-1525, Treatment of Income):

- standard deduction, and
- dependent care cost for a child or incapacitated adult living in the home if this care is needed for the parent to accept or continue employment. It is not necessary for the child or incapacitated adult to be a member of the assistance unit but they must be a member of the income unit.

Step 4. Total the countable earned income.

Step 5. Determine total countable unearned income for each member of the income unit.

Step 6. Add countable earned and unearned income of all members of the income unit to determine total income.

Step 7. Compare the total countable income to the appropriate income standard for the income unit size. Refer to Chart Z-200.

### **H-570.5 Eligibility Decision**

Evaluate all eligibility requirements and verifications received to make the eligibility decision to either reject or certify the case.

### **H-570.6 Certification Period**

The certification period shall not exceed 9 months, beginning with the first month of eligibility and continuing without interruption **\*\* until the pregnancy ends**. There is no post partum eligibility period for this program.

**\*\* Send adequate notice when closing.**

Retroactive medical eligibility shall be explored for the three months prior to the month of application if applicant was pregnant in the months requested. Retroactive coverage cannot be considered for the time before program implementation. Refer to H-1800, Retroactive Medical Eligibility (RME).

### **H-570.7 Notice of Decision**

Send the notice of decision (BHSF Form 18-PW or 19-G) to the applicant/enrollee.

### **H-570.8 Deem Newborn**

The newborn is deemed eligible at birth if the mother is determined eligible, initially or retroactively, for the month of birth. Refer to H-400, Deemed Eligibles.