

FIA HOSPITALIZATION

Purpose: To protect the welfare of the people of this county by providing medical care (hospitalization) to persons who do not meet the eligibility requirements for the state medical assistance program or are unable to secure, on their own or with the help of the Agency, an alternative solution to pay for hospital care.

Residence: All applicants for County Hospitalization must be a resident of the county. Persons who do not have legal residence in Cass County are not eligible for County Hospitalization. They will be required to apply for the program in the county where they have legal settlement.

Migrants and non-residents from another state may qualify for County Hospitalization as the county is "reimbursed 100% by the state for the monthly net cost of such hospitalization for non-residents of the state."

Application: All applicants for the program must complete an application for the County Hospitalization program. The application may be completed by the applicant, responsible relative, guardian or third party who knows the client's circumstances and is 18 years of age or older. The application must be made no later than the end of the month following the month of hospitalization. All applications for the program are to be processed in the same manner that State Disability Assistance/State Medical Program (SDNSMP) cases are processed. All applications must be completed and registered on CIS prior to submitting the case to the FIA Board. The standard of promptness for County Hospitalization is 30 working days from the date of application.

Income: Eligibility for County Hospitalization is based on income eligibility standards set forth for the SDNSMP medical program as contained in PEM Item 640 and coverage is outlined in PRM Tables, Charts & Schedules Item 236.

County Hospitalization applicants who are current recipients of SDNSMP automatically qualify for FIA Board consideration based on income.

County Hospitalization applicants who are not currently receiving SDNSMP must have their income eligibility determined based on current SDNSMP standards.

The income eligibility period is six months, beginning with the month of hospitalization. Any monthly income in excess of SDNSMP standards is multiplied by six. The County Hospitalization applicant or recipient will be responsible for the cost of inpatient care equal to this excess income amount. The applicant's six-month excess income amount will be applied first to the cost of care which exceeds the county reimbursement limit. If this bill amount is reduced to zero and excess income remains, the county payment will be reduced by an amount equal to this remaining excess income. No county payment will be made under this program until all excess income payments are made by the applicant.

Example 1 - Bill of \$3,000, excess applicant income of \$400; after applicant pays \$400, county pays \$1,500, leaving unpaid balance of \$1,100.

Example 2 - Bill of \$1,700, excess income of \$400; after applicant pays \$400, county pays \$1,300, with no balance.

Eligibility based on income does not exist when the applicant's six-month excess income amount equals or exceeds the cost of inpatient hospitalization. Deductions from excess income will be allowed

for other medical expenses incurred during the six-month income eligibility period. These expenses must not be reimbursable from any other source. Medical expenses which may be deducted from excess income are the same as the Medical Assistance Program (PEM Item 640).

Resources: Assets, as defined in the SDA/SMP (PEM Item 400), are limited to \$3,000.00. Any liquid assets in excess of \$3,000 must be applied to the cost of inpatient care. Eligibility does not exist when excess assets equal or exceed the cost of hospitalization.

Exempt assets include the applicant's homestead, household goods, one vehicle, and the household's life insurance.

The value of assets must be verified in accordance with SDA/SMP policy.

Potential Resources: Applicants will be expected to explore all other possible resources. If the applicant fails to actively pursue any other potential resources, this application will be denied.

Medical Evidence: The Agency will determine eligibility for the medical assistance program. The medical information used to determine eligibility may be from the eligibility packet of the case record. If the applicant was admitted to the hospital prior to application for the program, a statement of the cost of services provided is sufficient evidence to show need; however, should the applicant apply prior to hospital admission, a physician's statement showing existing need for hospitalization is required.

Reimbursement Agreement: It is mandatory for all applications for the program to be accompanied by a reimbursement agreement. Social Welfare Act 280, Sec. 400.66 states "the county department shall enter into an agreement signed by the patient or legally responsible relative or guardian for reimbursement of the net cost to the county in furnishing such hospitalization."

Since the cost for non-residents is reimbursed 100% to the county by the state Family Independence Agency, it is not required to have a non-resident sign a reimbursement agreement. It is the county's responsibility for collection. Sec. 400.77 of the Social Welfare Act: "It shall be the duty of each county Family Independence Agency to continue to collect according to its best judgment and ability if so, requested by the county which has acknowledged or paid for any form of aid, relief, or hospital care provided at county expense." The worker will recommend a repayment amount and method to the Board. The Board will accept this recommendation or establish an acceptable amount and method.

Reimbursement agreements are taken as required. Exceptions are stated in PA 280.

Participation: County participation shall not exceed \$2,500 for each patient in a 12-month period.

Exceptions: The Cass County FIA Board reserves the right to make exceptions to any of the above requirements as deemed necessary at any regular meeting of the Board.

Effective: _____ Cass County FIA Board

Approved by the FIA Board at the _____ regular meeting.

Chris Kadulski, FIA Director

Lois Marsh, FIA Board Chair

Resident County Hospitalization Request

The major provisions of Cass County FIA policy are as follows:

1. Resident of Cass County
2. Limited to those eligible for SDA/SMP or receiving SDA/SMP Assistance.
3. Allowed \$3,000 in assets.
4. Other resources to be used first (personal funds, Medicaid, etc.).
5. Medical evidence that hospitalization is needed.
6. \$2,500 cap in a 12-month period.
7. All funds to be reimbursed.

**COUNTY HOSPITALIZATION
Referral Form
Cass County Family Independence Agency**

SDA Y N **SMP** Y N
 Signed Repay Agreement Y N
 Job Related Injury Y N
 Other insurance Y N
 Application for MA-P Y N

Income: _____

Assets: _____

Case Name			
Case #			
County	District	Unit	Worker
Date		Other ID (as required)	

Type of surgery: _____

Current status of condition: _____

Other resources (loans, VA benefits, etc.)

Current Employment Status:

Work history:

Hospital: _____ Physician: _____
 _____ Costs: _____

Remarks: _____

FIS/ES Worker's Signature	Supervisor's Signature:	Date
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APPROVAL DENIAL (Reason for denial):

FIA Board Signature

Date